WATER INTERCIONNECTOR PERMIT

201964



New Jersey Department of Environmental Protection Bureau of Nonpoint Pollution Control Division of Water Quality



CN-029 Trenton, New Jersey 08625-029 (609) 633-7021



AUTHORIZATION TO DISCHARGE STORMWATER TO SURFACE WATER

Facility Name:

ALFRED HELLER HEAT TREATING CO

SWG:A-019964

Facility Address: 5 WELLINGTON ST

NJ0132012

CLIFTON, NJ

SIC Code: 3398

Type of Industrial Activity: METAL HEAT TREATING

Owner:

Operator:

Name:

ALFRED HELLER HEAT TREATING C

Legal Address:

ALFRED HELLER HEAT TREATING

5 WELLINGTON ST CLIFTON, NJ 07011-0330 AFRED HELLER HEAT TREATMENT C

5 WELLINGTON ST

CLIFTON, NJ 07011-0330

EFFECTIVE DATE:

2/24/98

EXPIRATION DATE: 1/31/2002

Your Request for Authorization under NJPDES General Permit No. NJ0088315 has been approved by the New Jersey Department of Environmental Protection.

Date:

2/24/98

Barry Chalofsky, P.P., Chief

Bureau of Nonpoint Pollution Control

New Jersey Department of Environmental Protection

From

1101 -



STRAIGHT BILL	OF LADING-	SHORT FORM-	-ORIGINAL-NO	T NEGOTIAB	LE

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading.

ALFRED HELLER HEAT TREATING CO.

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier, being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that any service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

A+	lington Street		0/02	CARRIEF	R'S NO.
		CAI	RRIER ↓		•
	KIC CHEMICALS, INC.	ВУ .			
CONSIGNEE AND DESTINATION	451 MAIN STREET	ROUTE		DELIVER	RING CARRIER
:	ARMONK, NY. 10504		R VEHICLE S & NO.	<u> </u>	
NO. +	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	ERG #	*WEIGHT (SUBJECT TO CORR.) O	CLASS R RATE	Subject to Section 7 of Conditions applicable bill of lading, if this shipment is
5	55 Gals drums n-propyl brownide		1,250 KGS 11.		be delivered to the consignee withour recourse on the consignor, the consign shall sign the following statement.
	UN. 2344				The carrier shall not make delivery this shipment without payment of freig and all other lawful charges.
	PG 111				Per (Signature of Consignor)
	Haz CLASS 3.3.	إحبا			If charges are to be prepaid, write stamp here, "To be Prepaid."
	Recycle through Hovick New Century Tr	rane	(NCTA)		
	Chemical Chemical				Received \$
	PRO 223		 	•	the property described hereon.
		:: -			Agent or Cashier Per
PLACARDS SU	PPLIED YES NO DRIVER'S SIGNATURE		EMERGENCY RESPONSE PHO	NE NO.	(The signature here acknowledges only the amount prepaid).

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight" † Shipper's imprints in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

THIS SHIPMENT IS CORRECTLY DESCRIBED.

SHIPPERS CERTIFICATION: This is to certify that the above-named materials are properly

classified, described, packaged, marked and labeled, and are in proper condition for

transportation according to the applicable regulations of the Department of Transportation.

†The fibre boxes used for this shipment conform to the specifications set forth in the box makers certificate thereon, and all other requirements of the Consolidated Freight Classification

SIGNATURE

llaunst

C.O.D. Amt

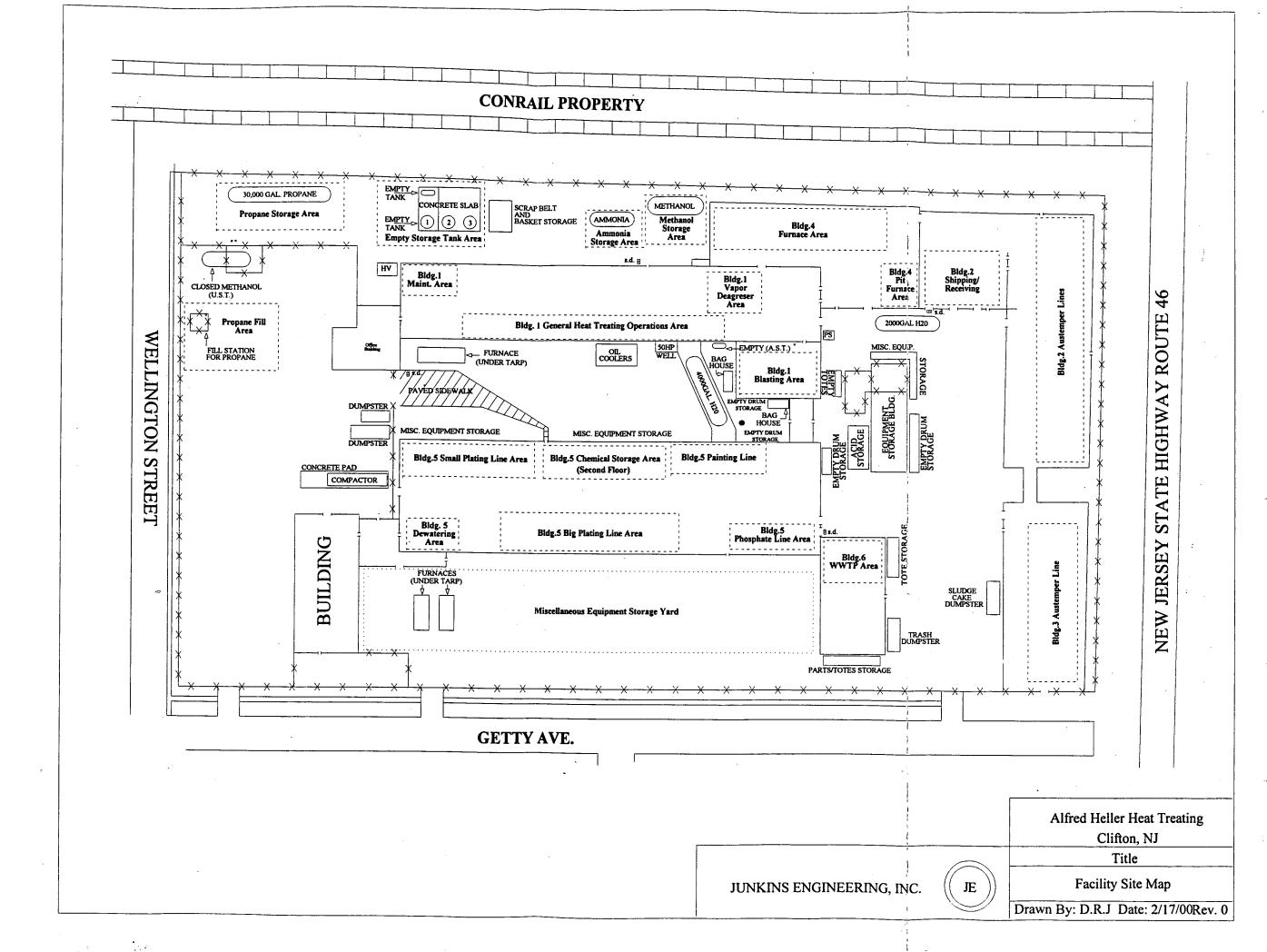
Cóllection Fee.

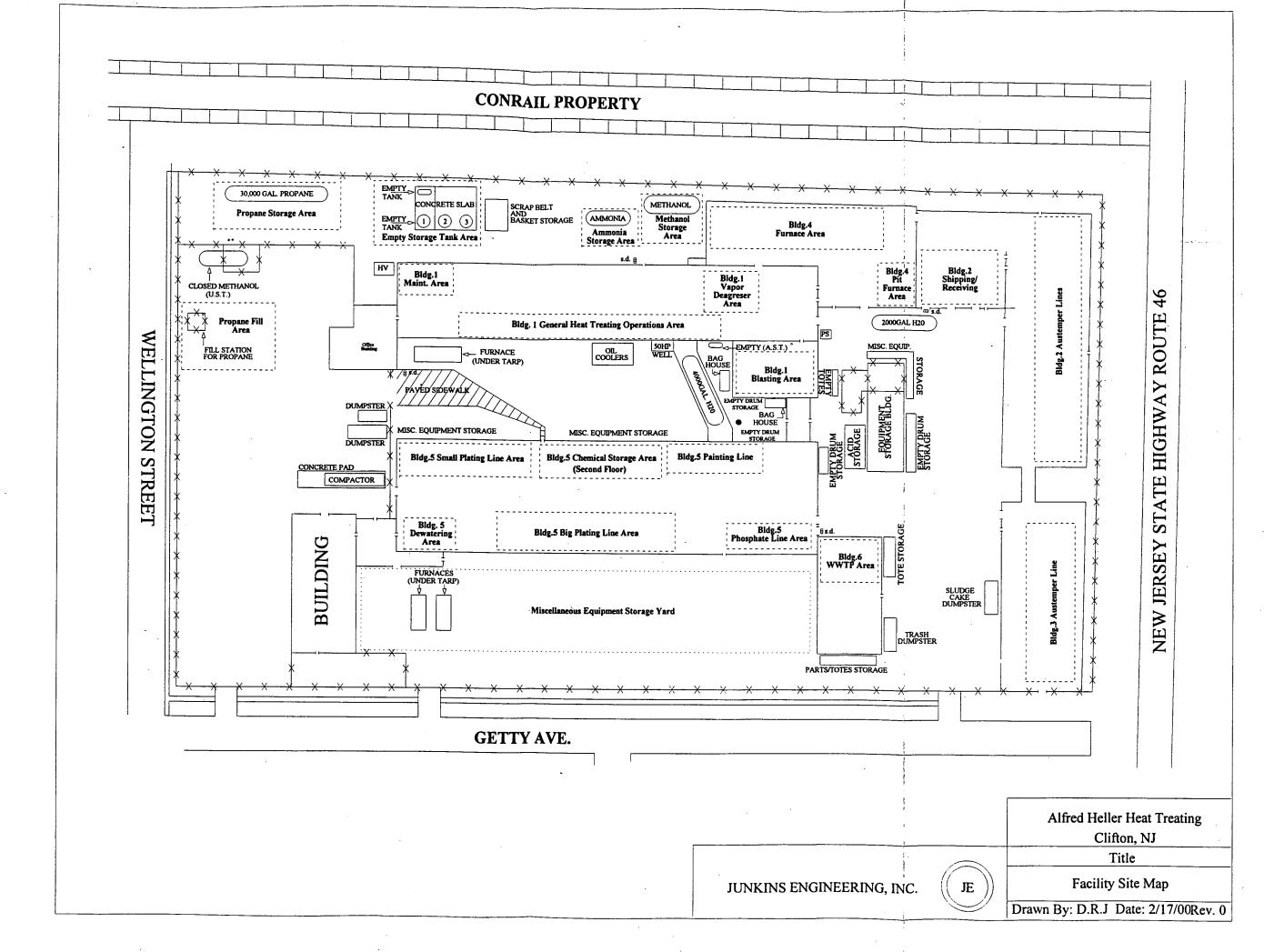
Charges Advanced:

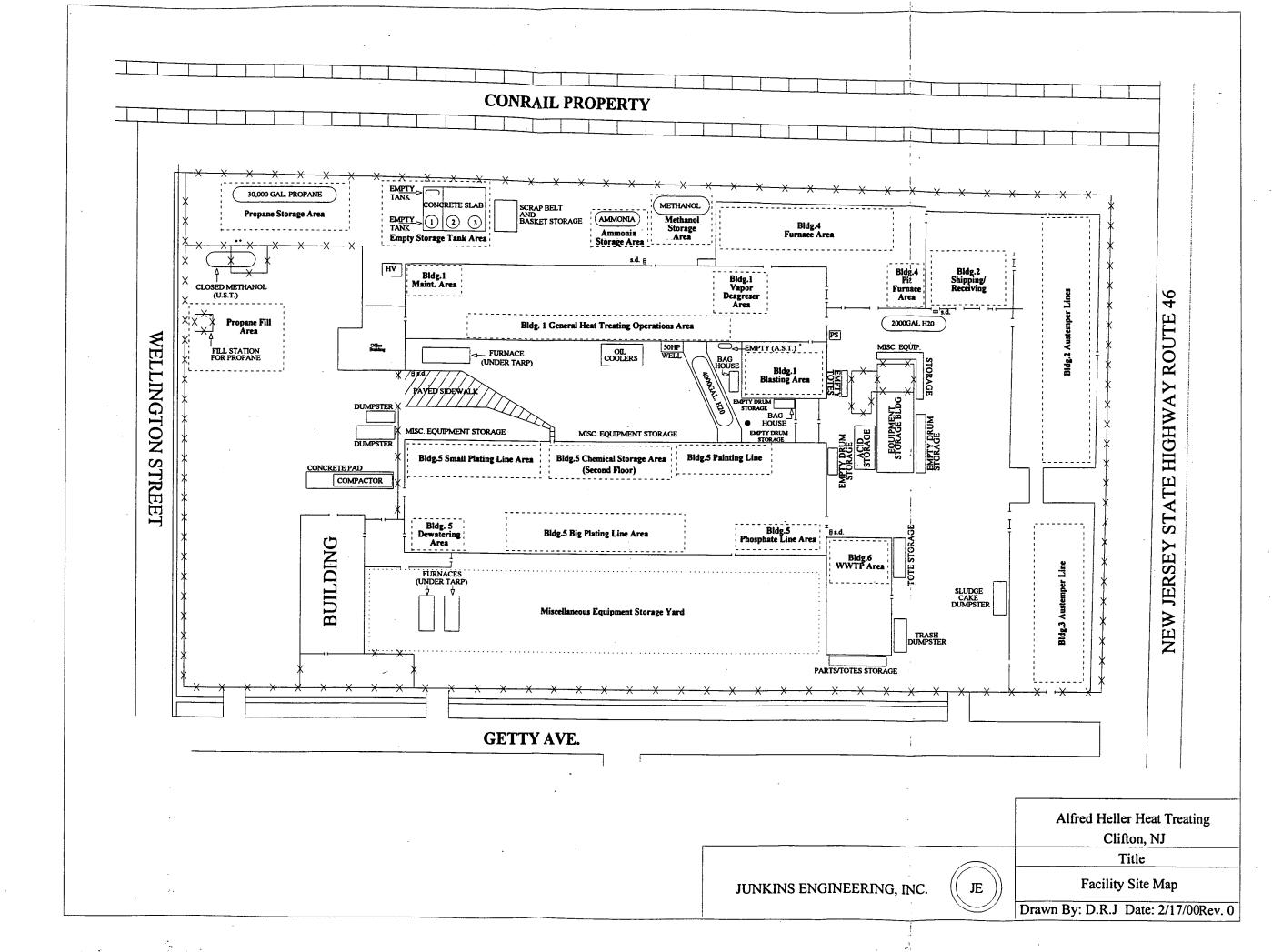
C.O.D. SHIPMENT

ALFRED HELLER HEAT TREATING CO. 5 Wellington Street • Clifton, NJ 07011

Permanent post-office address of shipper









Quarterly Physical Connection Test & Maintenance Report

		•	•		-
1		4 th	Physical Co	nnection Permit	No. 495
4/	Quarter Quarter Qua /1-6/30 7/1-9/30 10/1-1 Cest <u>9 121 10</u>	2/31 1/1-3/31	approved valve. I Local Administra Inspection perfort kept at the facility	form is to be complete t is to be mailed to the tive Authority within 5 ned by a Certified Teste and be exhibited upon e Physical Connection F	Supplier of Water and Days of each test & r. These forms shall be request, and are to be
To:		•		me of Permit Holder)	
The backs	low prevention device				ed by N.J.A.C.
Manufacturer of Model Numbe	Description of Valve of Valve	FRPZ DCVA	Alfred	regulation. Location of Valve Heller Heart Ngrow Sr C	reanny
	432159	Size <u>2" in.</u>		ILING I	07015
Comments & 1	Notations				
		· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·				
·	PR	ESSURE TEST		INTERNAL II	NSPECTION
	REDUCED PR DOUBLE CHE	ESSURE ZONE ASS	EMBLY	DOUBLE CHI	
	1 ST Check	2 nd Check	Relief Valve	ASSEM 1 ST Check	2 ND Check
Initial Test	Closed Tight	Closed Tight		OK	OK OK
	atpsid	atpsid	Opened at 3 psid		
Passed	No. 2 Shut-off Valve	Leaked Closed Tight	Did Not Open	Failed	Failed
Eailed	Leaked	By-pass used 🔲	·		·
Repairs & Materials Used		÷ .₹			
Test After Repair &	Closed Tight	Closed Tight	Opened		
Assembly	psid	psid	atpsid	ок 🗌	ок 🗆
The Results S	hown Above are Cert	ified to be True.	<u> W</u>	itnesses to test & I	nspection
Certi <u>fied Testers</u>	Name PATRICK	Burke 1	Name Jim Won	igomem	Title SW~
Confied Testers	Signature Faturo	& Buch	Representing Poss	Aic valley wa	Ter comm
Certifying Author	prity NEWL) A	Name	· .:	Title
Cert. ID# 680	24 Expiration Da	te 11 131 109	Representing		



Quarterly Physical Connection Test & Maintenance Report

				•	
. *	st 2nd 3rd Quarter Qua	4 th Quarter	Physical Co	nnection Permit	No. 495
4	•	12/31 1/1-3/31	approved valve.	s form is to be completed It is to be mailed to the S	Supplier of Water and
Date of 1	lest $\frac{1}{2}$		Inspection perfor kept at the facilit	ative Authority within 5 med by a Certified Tester y and be exhibited upon	These forms shall be request, and are to be
œ	•	•		e Physical Connection R	enewal Application.
To:			rrom: (N	ame of Permit Holder)	
					
· .		•		·····	
The back	flow prevention devic	e identified below has	s been tested and i	nsnected as require	d by N I A C
<u> </u>	7:10-10.6 and i	s certified to be in co	mpliance with this	regulation.	
Manufacturer	Description of Valve of Valve	772	ALFRED	Location of Valve Heller He	ATTYCATING
Model Number Serial Number	r <i>609</i>	RPZ DCVA		ZLINGTON ST	CLIERN NO
Comments &	-	Size <u></u> " <u>in.</u>	<u>Duikin</u>	9 2	07015
	Notations			<u> </u>	
					,
	PR	RESSURE TEST		INTERNAL IN	SPECTION
	REDUCED PE DOUBLE CHI	RESSURE ZONE AS	SEMBLY	DOUBLE CHE ASSEM	
•	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check
Initial Test	Closed Tight	Closed Tight	Opened	ок 🗆	ок 🗆
Passed	at <u>B</u> psid Leaked	atpsid Leaked	at_3 psid	Failed	Failed
Failed	No. 2 Shut-off Valve	e Closed Tight By-pass used	Did Not Open		. _
Repairs &	,				
Materials Used				*	
Test After Repair &	Closed Tight psid	Closed Tightpsid	Opened at psid	ок П	ок П
Assembly The Results S	hown Above are Cer				
				itnesses to test & Ir	
Certified Testers		BURKET	Name Jin Mu		Title SWY
C. afied Testers		2 Deck	Representing PAS	saic withy wa	Ter comm
Certifying Author	ſ		Name		Title
Cert. ID# 68	Expiration Da	ite 1/13/109	Representing		,

OPCTMR

Physical Connection Permit No.: 0495-WPC070001



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

04/01-06/30 0	7/01-09/30 3 rd Qua 	2/31 01/01-03/31	approved valve. and Local Adm and inspection p shall be kept at	It is to be mailed to inistrative Authority performed by a Cert the facility and be e	repleted for each test of each to the Supplier of Water within 5 days of each test diffied Tester. These forms exhibited upon request, and sical Connection Renewal
To:			From: (Name of Bogdan Marinescu, F Alfred Heller Heat Tr P.O. Box 330, 5 Well Clifton, NJ 07014	Plant Engineer eating Company	
The backflow pr		ntified below has be ertified to be in com			by N.J.A.C. 7:10-10.6
Manufacturer: Model Number: _ Serial Number: _	Description of Valve	RPZ DCVA Size:in.		Location of V	alve
	PRESSURE TEST			INTERNAL II	NSPECTION
		SURE ZONE ASSE	MBLY	DOUBLE CH	
	DOUBLE CHECK			ASSEMBLY	•
	1st Check	2 nd Check	Relief Valve	1st Check	2 nd Check
Initial Test Passed Failed	Closed Tight psid psid No. 2 Shut-off Valv Leaked	at psid Leaked	Opened at psid Did Not Open	OK Failed	OK Failed
Repairs &					
Materials Used					
Test After Repair & Assembly	Closed Tightpsid	Closed Tight psid	Opened at psid	OK [ОК 🗌
	nown Above are Cert ame:		Name:	esses to test and Title	inspection
Certified Testers Si	gnature:		Representing:		
Certifying Authorit	y:		Name:	Title:	·
Cert. ID #:	Exp. Date	e: / /	Representing:		

Physical Connection Permit No.: 0495-WPC070001



State of New Jersey

JON S. CORZINE Governor

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply - Water Supply Permitting Element Bureau of Water Systems and Well Permitting 401 E. State Street - P.O. Box 426 Trenton, New Jersey 08625-0426 Tel #: (609) 984-6831 - Fax #: (609) 633-1495 http://www.state.nj.us/dep/watersupply/ LISA P. JACKSON Commissioner

June 29, 2007

Bogdan Marinescu, Plant Engineer Alfred Heller Heat Treating Company P.O. Box 330, 5 Wellington Street Clifton, New Jersey 07014

Re: Physical Connection Permit No.: 0495-WPC070001

Dear Mr. Marinescu:

Enclosed is your Renewed Physical Connection Permit which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et. seq., and N.J.A.C. 7:10-10.1 et. seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing the Renewal Application Form and a copy of the Quarterly Test and Maintenance Report form, which must be completed quarterly for each test of each valve. The Renewal Application and test certificates must be submitted to the NJDEP Division of Water Supply, Bureau of Water Systems and Well Permitting prior to the expiry of this permit.

If additional forms are required, they are also available through our web site at www.state.nj.us/dep/watersupply. Prior to the expiration date of this permit the Department will send a Physical Connection Renewal Fee Invoice, which upon receipt please remit payment to the NJ Treasury, Division of Revenue. If you have any questions, you may call Anthony Adamo at (609) 984-6831.

Sincerely,

Steven Pudney

Supervising Environmental Engineer

Bureau of Water Systems and Well Permitting

Enclosures:

cc: Passaic Valley Water Commission {PWSID No. NJ1615002}

Clifton Board of Health

NJEMS\sd_phys_connect_permit

Test Procedure for Backflow Preventer Valve Assembly Set Up Procedure for Testing

- 1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. <u>Note for Reduced Pressure Zone Valves:</u> A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.
- 2. Flush test cocks Nos. 2, 3 & 4.
- 3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

Reduced Pressure Zone Valve Assembly Test

- A) Test the first check valve for tightness at a minimum of 5 PSID of static pressure:
 - 1. Connect high-pressure hose to test cock #2.
 - 2. Connect low-pressure hose to test cock #3.
 - 3. Open test cocks #2 & #3.
 - 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
 - 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
 - 6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)
- B) Test the second check valve for tightness against backpressure:
 - 1. Connect vent hose to test cock #4.
 - 2. Open test cock #4.
 - 3. Open test kit high valve (A)... Slowly.
 - 4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and holds steady. If pressure continues to drop until relief port discharges second check is leaking.
- C) Test No. 2 shut-off valve for tightness:
 - 1. Close test cock #2.
 - Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

- D) Test the operation of the differential pressure relief valve: Relief valve must open at a minimum of 2PSID below inlet.
 - 1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
 - 2. Slowly open the test kit low valve (B) until the differential pressure begins to fall... Slowly.
 - Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

Double Check Valve Assembly Test

- A) Test the **first check valve** for a minimum of 1 PSID of static pressure drop:
 - 1. Connect high-pressure hose to test cock #2.
 - 2. Connect low-pressure hose to test cock #3.
 - 3. Open test cocks #2 & #3.
 - 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
 - 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
 - 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)
- B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)
 - 1. Connect high-pressure hose to test cock #3.
 - 2. Connect low-pressure hose to test cock #4.
 - 3. Open test cocks #3 & #4.
 - 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
 - 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
 - 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)
- C) Test No. 2 shut-off valve for tightness:
 - 1. Repeat procedure for test A.
 - 2. Connect vent hose to test cock #4.
 - 3. Open test cock #4.
 - 4. Open test kit high valve (A) Slowly.
 - 5. Close test cock #2.
 - 6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

ALFRED HELLER HEAT TREATING CO 0495

SDW Physical Connection Permit: WPC070001

Permit Requirements

Submittal/Action Requirements

Submittal/Action Type	Requirement
Submit renewal application and quarterly	Prior to expiration of Physical Connection Permit. [N.J.A.C. 7:10-10]
	Submit renewal application and

Text Requirements

All Phases

0495, Physical Connection Valve SI (WSPC75)

- GENERAL PERMIT CONDITIONS.
- 2. The permit is revocable, or subject to modification or change, at any time, when in the judgement of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary. [N.J.A.C. 7:10-10]
- 3. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.
- 4. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/ or executed in conformity with such plans and/ or engineering data and said conditions. [N.J.A.C. 7:10-10]
- 5. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the New Jersey Department of Environmental Protection or the State a party in any suit or question of ownership of property.
- 6. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.
- 7. In the examination of plans and/ or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features. [N.J.A.C. 7:10-10]
- 8. SPECIFIC PERMIT CONDITIONS.
- 9. For this permit to remain valid, each physical connection installation backflow prevention valve listed on this permit shall be inspected and tested for tightness under prevailing pressure conditions at least once every three months pursuant to N.J.A.C. 7:10-10.6(a)1. [N.J.A.C. 7:10-10]
- 10. For this permit to remain valid, each physical connection installation backflow prevention valve listed on this permit shall be dismantled and internally inspected annually within six months prior to the submission of an application for permit renewal pursuant to N.J.A.C. 7:10-10.5(b). After reassembly, the owner of the facility shall have the backflow prevention device tested for tightness to ensure integrity of the device. An internal inspection shall consist of the dismantling of a double check valve assembly or reduced pressure zone backflow preventer assembly to visually inspect the integrity of the internal mechanism including the clappers, discs, springs and facing rings pursuant to N.J.A.C. 7:10-10.6(a)2. [N.J.A.C. 7:10-10]
- 11. The Department shall approve a reduction in the frequency of the pressure tests conducted pursuant to N.J.A.C. 7:10-10.6(a)1 if the owner of the facility in which the physical connection is located demonstrates to the Department that the facility is not in operation during any time in a calendar year pursuant to N.J.A.C. 7:10-10.6(a)3. [N.J.A.C. 7:10-10]
- 12. A reduced pressure zone backflow preventer assembly shall not be subject to the internal inspection requirements of N.J.A.C. 7:10-10.6(a)2 above except for routine maintenance as specified by the manufacturer, or for investigation of a malfunction, or as specifically required by the supplier of water. [N.J.A.C. 7:10-10]

ALFRED HELLER HEAT TREATING CO 0495

SDW Physical Connection Permit: WPC070001

Text Requirements

All Phases

0495, Physical Connection Valve SI (WSPC75)

- 13. For this permit to remain valid, the inspections and testing required pursuant to N.J.A.C. 7:10-10.6(a) shall be conducted by an authorized representative of the owner of the facility where the backflow prevention device is installed in the presence of an authorized representative of the administrative authority and/or the supplier of water, or by a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department pursuant to N.J.A.C. 7:10-10.8. [N.J.A.C. 7:10-10]
- 14. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change pursuant to N.J.A.C. 7:10-10.7(a). [N.J.A.C. 7:10-10]
- 15. No modification to an approved physical connection installation listed in N.J.A.C. 7:10-10.7(b) shall be made prior to submitting a written request to the Department. [N.J.A.C. 7:10-10]
- 16. No modification to an approved physical connection installation listed in N.J.A.C. 7:10-10.7(b) shall be made prior to submitting an application to modify an existing physical connection permit pursuant to N.J.A.C. 7:10-10.7(c) except as provided in N.J.A.C. 7:10-10.7(d). [N.J.A.C. 7:10-10]
- 17. A copy of this Permit and records of at least one (1) year past pressure tests, maintenance and annual internal inspections on the Quarterly Test and Maintenance shall be kept at the facility, and shall be exhibited upon request of Department Personnel. [N.J.A.C. 7:10-10]
- 18. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. [N.J.A.C. 7:10-10]



State of New Tersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE Governor

LISA P. JACKSON
Commissioner

Division of Water Supply - Water Supply Permitting Element
Bureau of Water Systems and Well Permitting
401-E. State Street - P.O. Box 426
Trenton, New Jersey 08625-0426
Tel #: (609) 984-6831 - Fax #: (609) 633-1495
http://www.state.nj.us/dep/watersupply/

May 29, 2007

Bogdan Marinescu, Plant Engineer Alfred Heller Heat Treating Company 5 Wellington Street Clifton, New Jersey 07014

Re: Application Administratively Incomplete

Physical Connection Permit No. 0495 - WPC070001

Dear Mr. Marinescu:

Your application received April 3rd, 2007 for a Renewed Physical Connection Permit has been reviewed and determined to be <u>ADMINISTRATIVELY INCOMPLETE</u>. This application proposes Approved Physical Connection comprising two 2 inch RPZ's located in Building 1 & 2 at Alfred Heller Heat Treating, 5 Wellington St, Clifton, NJ, on the domestic water service provided by Passaic Valley Water Comm. located within Clifton City, Passaic County, New Jersey.

During the review process, the Bureau of Water Systems and Well Permitting (Bureau) has determined the following deficiencies which require your attention:

1. Physical Connection Permit - Renewal Application Form Page 2, Section 2 must be dated and filled out by the Local Administrative Authority (Local Health Department or Plumbing Sub Code Official).

Please respond to the above listed deficiencies within thirty (30) days of receipt of this letter.

In order to provide the public with greater access to information, the Bureau produced online reports that can be found at the following web address: http://www.nj.gov/dep/opra/online.html. The Bureau believes that having access to these reports will provide more insight into the Water Supply permitting process as well as a number of related Bureau activities. Should you have any questions regarding this permit, please contact James Montgomery or Anthony Adamo at (609) 984-6831 or by e-mail at iim.montgomerv@dep.state.nj.us or anthony adamo@dep.state.nj.us. When contacting the Department regarding this application always reference both the PLNo 0495 and Permit Application No. WPC070001.

Sincerely

Anthony Adamo

Bureau of Water System and Well Permitting

0495

Physical Connection Permit No.: 0495-WPC060001

Renewal Application Form Page 2 of 2

1. Certifications by Supplier of Water:

On <u>03/24/c7</u> The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.

Name of the Supplier of Water: 1753 Ac VALLEY WATER COMMISSIONER
Name: James montronen
Title: 5w.R
Signature: Jun Mingra
2. Certification by Local Administrative Authority:
On $6/4/07$ The Local Administrative Authority for the facility named of the reverse side of this form
hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through
Avitnessing of the Quarterly Pressure Tests and Annual Internal Inspection or through receipt of Quarterly
Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The
Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
Dacknow 1 to volution Be vice (b) were randoming bandsactoring at the time of the test
Name of Local Administrative Authority: CITY OF CLIFTON
Name: Sx GoLDSTERN
Title: PlumBing SUB CODE OFFICIAL
Signature: Ser Holystern
Signature. The Light of the second of the se
3. Certification by the Certified Tester:
On 63 /28 /07 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form
were functioning satisfactorily at the time of the test.
Name of Firm: CHH Plumbing
Address:)
Testers Name(s): PATRICK BURKE
Testers School: NEWWA
Certified Testers No.: 68 24 Testers Signature: 4 atuik Ouchu

<u>Instructions:</u> This Form **BSDW-PCR-076** is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The **Quarterly Physical Connection Test and Maintenance Report** forms **BSDW-QPCTMR**, for each test of each approved valve, the **Annual Physical Connection Fee Invoice** and **\$200.00 Fee.**

Permit No.: 0495-WPC060001

Physical Connection Permit No.: 0495-WPC060001



Applicant/Owner: Alfred Heller Heat Treating Co

Permit No.: 0495-WPC060001

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply - Bureau of Water System and Well Permitting 401 E. State Street, P.O. Box 426, Trenton, New Jersey 08625-0426
Physical Connection Permit - Renewal Application Form

Permanent Legal	Addre	ss: 5 Welling	ton Street							•	ā
City/Town: Clifto			Stat	te: NJ		_		Zip Code	: 070	14	
Contact Person: 1		Marinescu	•	م مته	70		ant Engineer	/	,		
Phone: (973) 772-		•		:4	137172	12433				rinesccial a	,
Signature	lla	uund	le.		·, · · · · · · · · · · · · · · · · · ·			Date	03,	129/200	7_
Name of Public V Name of Local Ac Location of Facility, Address:	dminist ity: <i>5</i>	rative Autho	rity:		,	FTON, X	4.7.070				·
Municipality: C	22.1°F	TON	,		٠,	County:	PASSOT	Ċ			
						•	•	• .		•	
Number, Type an							T		T 0		Demage
Subject Item No.	<u>No.</u>	<u>Size</u>	Manuf.	Mod	lel No.	Serial No.	Type		Con	nments	Bypass Installed?
WSPC0000000075 Replaced	1	2 inches	Hersey Sparling	FRP	II	Replaced			Two	2 inch RPZs	
WSPC0000000075	2	2 inches	Watts	909-	QT	38799	Reduced Pre	ssure Zone	<u> </u>		
VSPC 600000000	51	2*	watts	-		432159					
I CERTIFY	Y THA	T THE ABO	VE INFOR			BOCKELL	MARINES	CEP		ll c licus natue)	- 7/
				COI	RRECT	(Print Nam			(Sign	estua)	<u>ucc</u>
Record of Quarte	rly Tec	ting and An	nual Intern	al Inci	nection	(FIIII IVAIII	i e)		(Sigi	iatuej	
(Enter Date, Indica					p • • • • • • • • • • • • • • • • • • •						
(2		10 1	of Water		Local Au	thority	Certifie	d Tester		,	
	Facility Not In Use	P.V-1				·			· /		
1 st Quarter	· .	5/3/	ob ध्य ok	· · · -	/ /	OK	5_13/	(6) (3) OH	7/		
04/01/2005-	1			-]			- Fali	JE BULL	K		
06/31/2005		25	m Doe	<u> </u>			_	<u>.</u>	_		
								a A			
2 nd Quarter		8/30/	oc ⊡ok	-	//_	OK	8/301	CE LAYOR	(Double Checl	k Volus
07/01/2005- 09/30/2005		o Pub	.) c			www.	- 1 - 7 21/	Mayor.		*Internal Ins	
09/30/2003		James Land	h	-			-			internar mis	pection
3 rd Quarter		012/6/4/	Za TVOK		/ /	Пок	12/04/	CENON	ζ	/ / [ТОК
10/01/2005-		16.3		-			4043	u.J.			-
12/31/2005		Dun	1C	_ -	. "		_				
									-,	<u> </u>	
4 th Quarter	-	3/28/	<u>₽</u> ZOK		//_		3,138	2/1/9		<i>[</i>] OK
01/01/2006-		X MEN	Tymen	_ _			- Yall	uch t	rus	<u> </u>	
03/31/2006		I UNUW	١١ ، سع	ı			ĺ				



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

04/01-06/30	2 nd Quarter 3 rd Qu 07/01-09/30 10/01-	12/31 01/01-03/31	approved valve and Local Adm and inspection shall be kept at	e. It is to be mailed ninistrative Authorit performed by a Cer the facility and be	mpleted for each test of each to the Supplier of Water by within 5 days of each test tified Tester. These forms exhibited upon request, and sical Connection Renewal
To:			From: (Name of Alfred Well Clift	Permit Holder Heller He lington St ON NJ) cd Tready Ng Co
The backflow p			een tested and inspe		by N.J.A.C. 7:10-10.6
Model Number: Serial Number: Comments and N	Description of Valv 909 m 1 Q 432159 Jotations:	e T J" WATTZ		Location of V	alve L
	PRESSURE TEST REDUCED PRES DOUBLE CHECK	SURE ZONE ASSE	MBLY	INTERNAL IN DOUBLE CHE ASSEMBLY	
	1st Check	2 nd Check	Relief Valve	1st Check	2nd Check
Initial Test Passed Failed	Closed Tight at 8 1/2 psid Leaked No. 2 Shut-off Valv Leaked	Closed Tight psid at psid Leaked e Closed Tight By-pass Used	Opened at 23/4 psid Did Not Open	OKFailed	OKFailed
Repairs & Materials Used				٠.	
Test After Repair & Assembly	Closed Tightpsid	Closed Tight psid	Opened at psid	OK [OK 🗌
Certified Testers Na	own Aboye are Certi me: Parrick mature: Falue	Bureko ()	Name: Jim Mine Representing: Pa	,	-
Certifying Authority	NEWL	IA	Name:	Title:	
Cert. ID #: <u>682</u>	Exp. Date	11/11/08	Representing:		



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

04/01-06/30	2 nd Quarter 3 rd Qu 07/01-09/30 10/01-	12/31 01/01-03/31	approved valve and Local Adn and inspection shall be kept at	e. It is to be mailed ninistrative Authori performed by a Ce the facility and be	mpleted for each test of each to the Supplier of Water ty within 5 days of each testified Tester. These forms exhibited upon request, and ysical Connection Renewa
To:			From: (Name of Alfred — We Clisto	Permit Holder Heller Hington	r) Heat Treating C #ST.
The best of		-tifad balasi bas b			1 2114 0 7 10 10 6
The backflow pi		certified to be in cor			by N.J.A.C. 7:10-10.6
Model Number: Serial Number: Comments and N	Description of Valver RP 8799 Solutions:	e "WATTZ	B	Location of V	/alve
				7	
•	PRESSURE TEST			INTERNAL I	
		SURE ZONE ASSE	MBLY	DOUBLE CH	ECK VALVE
	DOUBLE CHECK		 	ASSEMBLY	
Y '4' 1 00	1st Check	2 nd Check	Relief Valve	1st Check	2 nd Check
Initial Test Passed	Closed Tight at by psid Leaked	at psid Leaked [Opened at 23/4 psid	OK [ок 🗆
Failed	No. 2 Shut-off Valv	By-pass Used	Did Not Open 🗌	Failed _	Failed
Repairs & Materials Used					,
Test After Repair & Assembly	Closed Tight psid	Closed Tight	Opened at psid	OK 🗌	OK 🗌
The Results Sh Certified Testers Na Certified Testers Sig Certifying Authority	NEWL	Burken L'Aufa JA	Name: Jim Witne	spic uply	Swar comm.
Cert. ID #: <u>682</u>	Exp. Date	: 11/31/08	Representing:		

CITY OF CLIFTON 900 CLIFTON AVENUE CLIFTON, NEW JERSEY 07013

Date Issued 06/07/2001 Control # Permit # 012262

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 10.10 Lot 1 Qual Work Site Location 362 GETTY AVE (BACKFLOW PREVEN TER INSPECTION)	Home Warranty No
Owner in Fee/Occupant ALFRED HELLER HEAT TREATING CO	Maximum Live Load 0
Address 5 WELLINGTON_ST	Construction Classification
CLIFTON, NJ 07011-	Maximum Occupancy Load 0
Telephone (973)772-4200	Description of Work/Use:
Contractor CHM PLUMBING & HEATING Address 305 CONKLINTOWN RD RINGWOOD, NJ 07456- Telephone (973)835-0736 Fax ()	BACKFLOW PREVENTER INSPECTION.
Lic. No. or Bldrs. Reg. No. 10971 Federal Emp. No. 13-6622178	
[] CERTIFICATE OF OCCUPANCY This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.	[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17 This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent: [] Total removal of lead-based paint hazards in scope of work [] Partial or limited time period (years); see file
[X] CERTIFICATE OF APPROVAL This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.	[] CERTIFICATE OF CONTINUED OCCUPANCY This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than, or the owner will be subject to fine or order to vacate:	[] CERTIFICATE OF COMPLIANCE This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until,
CONSTRUCTION OFFICIAL. U.C.C. F260 (rev. 3/96)	Fee \$ 0 Paid [X] Check No. Cash Collected by: SF



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

Date of	Quarter Quarte	2/31 1/1-3/31 <u>I</u>	Instructions: This approved valve. I Local Administra Inspection perform kept at the facility submitted with the From: (Na	form is to be completed to is to be mailed to the Stive Authority within 5 med by a Certified Tester and be exhibited upon a Physical Connection Reme of Permit Holder) HRED HELLER WELLINGTON S-	for each test of each upplier of Water and Days of each test & These forms shall be request, and are to be enewal Application. Heat TREATING
	Description of Valve	s certified to be in cor	npliance with this	regulation. Location of Valve	
Model Numbers	of Valve <u>HERSEV</u> er <u>FRP JI</u> er <u>N/A</u> Notations	RPZ DCVA Sizein.	IN Sho	As Above	
. 5.	PR	ESSURE TEST		INTERNAL IN	SPECTION
	REDUCED PR DOUBLE CHI	RESSURE ZONE ASS ECK VALVE	SEMBLY	DOUBLE CHE ASSEM	
•	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check
Initial Test Passed	Closed Tight	- <u> </u>	Opened at_/psid Did Not Open □	OK	OK
Repairs & Materials Used	Leaked .	By-pass used			
Test After Repair & Assembly	Closed Tightpsid	Closed Tight psid	Opened at psid	ок 🗆	ок 🗆
The Results	Shown Above are Cer	ified to be True.	V	itnesses to test & I	nspection
Certified Teste	rs Name PATRICK F	Buck Buck	Name Sy Goo	LDSTERN -	PLUMBING Fitle OFFICIAL IFTON, NJ
Certifying Aut			Name Se Se	oldstern	Title
Cert. ID# 6	824 Expiration Da	te 11,31,62	Representing		•



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

•	1 st 2 nd 3 rd	4 th	Physical Co	nnection Permit	No. <u>0459</u>
	Quarter Quarter Quarter 4/1-6/30 7/1-9/30 10/1-10 Test 6 10510 City of Clift	2/31 1/1-3/31 <u>/</u>	approved valve. It Local Administra Inspection perform kept at the facility submitted with the From: (Na	form is to be completed to the Stive Authority within 5 ned by a Certified Tester and be exhibited upon a Physical Connection Rune of Permit Holder) IFRED HEILE	Days of each test & These forms shall be request, and are to be enewal Application.
	• .	· ·	<u> </u>	VELLINGTON	ER HUNT TREATING ST 07011
				•	
The bac	kflow prevention device 7:10-10.6 and is	identified below has certified to be in con			d by N.J.A.C.
fodel Num erial Numl	Description of Valve er of Valve WATTZ ber 009-07 M2 oer & Notations	RPZ DCVA Din.		Location of Valve	
•	PR	ESSURE TEST		INTERNAL II	NSPECTION
	REDUCED PR DOUBLE CHE	ESSURE ZONE ASS ECK VALVE	SEMBLY	DOUBLE CHI ASSEM	
	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check
assed [Closed Tight at 2 /4 psid Leaked No. 2 Shut-off Valve Leaked	Closed Tightpsid Leaked e Closed Tight By-pass used	Opened at 4/2 psid Did Not Open	OK	OK Failed
Lepairs & Materials Used		.7			
est After epair & ssembly	Closed Tightpsid	Closed Tightpsid	Opened atpsid	ок 🗆	ок 💆
he Result	s Shown Above are Cert	ified to be True.	W	itnesses to test & I	nspection B.NG
ertifying Au	ters Name PATRICE ters Signature Politic uthority NEWENgland	K BU FO	Representing C		nspection FLUMBING Title OFFICIAL IFTON
ert. ID#	6824 Expiration Da	ite 11/31/02	Representing		



check only!

State of New Jersey
Department of Environmental Protection

JON S. CORZINE

Governor

Division of Water Supply - Water Supply Permitting Element Bureau of Water Systems and Well Permitting 401 E. State Street - P.O. Box 426 Trenton, New Jersey 08625-0426 Tel #: (609) 984-6831 - Fax #: (609) 633-1495 http://www.state.nj.us/dep/watersupply/ LISA P. JACKSON Commissioner

April 3, 2006

Bogdan Marinescu, Plant Engineer Alfred Heller Heat Treating Co 5 Wellington Street Clifton, NJ 07014

Re:

Physical Connection Permit Renewal Package for 2006 Physical Connection Permit No.: 0495-WPC060001

Dear Sir or Madam:

Enclosed is the Physical Connection Permit Renewal Package for 2006 which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

This package consists of:

- 1. Renewal Application Form (PCR-076)
 - * The renewal application has been preprinted with the information from the last permit. Please review and if necessary correct before signing and returning.
 - * Please remember that the application form has two pages and both need to be signed and returned.
 - * For facilities that did not operate the full year or are seasonal a check box has been added to the record of quarterly testing for you to indicate the quarters that the facility was not in operation and tests were not conducted.
- 2. Blank Test Report (QPCTMR)
 - * Please use the enclosed report for submitting the records of the four quarterly tests. If the Certified Tester has used their own form and it contains all the information requested on this form then the Tester's forms maybe submitted instead of this form.
- 3. Invoice for the \$200 renewal fee.
 - * Please make check payable to "State of New Jersey".

To minimize delay in processing your renewal application and minimize the risk of documentation getting misplaced please send the renewal application and test certificates to:

Division of Water Supply - Water Supply Permitting Element Bureau of Water Systems and Well Permitting 401 E. State Street - P.O. Box 426 Trenton, New Jersey 08625-0426

If you have any questions, you may call Anthony Adamo at (609) 984-6831 or by email at Anthony. Adamo@dep.state.nj.us.

Sincerely,

Steven Pudney

Supervising Environmental Engineer

Bureau of Water Systems and Well Permitting

Enclosures

QPCTMR

Physical Connection Permit No.: 0495-WPC060001



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

04/01-06/30 07	Quarter 3 rd Quarter	2/31 · 01/01-03/31	approved valve. and Local Admir and inspection poshall be kept at the	s form is to be complete It is to be mailed to the nistrative Authority with erformed by a Certified ne facility and be exhibi tted with the Physical	Supplier of Water nin 5 days of each test Tester. These forms ted upon request, and
To:			From: (Name of Bogdan Marinescu, P Alfred Heller Heat Tre 5 Wellington Street Clifton, NJ 07014	lant Engineer	
The backflow pr		ntified below has been ertified to be in com	-		N.J.A.C. 7:10-10.6
Manufacturer: Model Number: _ Serial Number:	Description of Valve	RPZ DCVA		Location of Valve	
	PRESSURE TEST	•	·	INTERNAL INSP	ECTION
		SURE ZONE ASSE	MBLY	DOUBLE CHECK	
	DOUBLE CHECK			ASSEMBLY	
		2 nd Check	Relief Valve	1st Check	2 nd Check
Initial Test Passed Failed	Closed Tight psid at psid Leaked No. 2 Shut-off Valv Leaked	atpsid Leaked	Opened at psid Did Not Open	OK Failed	OK Failed
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight psid	Closed Tight psid	Opened at psid	ОК 🗌	ОК
The Results SI Certified Testers N	nown Above are Certame:	tified to be True	Name:	esses to test and insp Title:	ection
Certified Testers Si	gnature:	·	Representing:		·
Certifying Authorit	y:		Name:	Title:	· · · · · · · · · · · · · · · · · · ·
Cert. ID #:	Exp. Dat	e: / /	Representing:		·

Physical Connection Permit No.: 0495-WPC060001

Test Procedure for Backflow Preventer Valve Assembly Set Up Procedure for Testing

- 1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. Note for Reduced Pressure Zone Valves: A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.
- 2. Flush test cocks Nos. 2, 3 & 4.
- 3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

Reduced Pressure Zone Valve Assembly Test

A) Test the first check valve for tightness at a minimum of 5 PSID of static pressure:

- 1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

B) Test the second check valve for tightness against backpressure:

- 1. Connect vent hose to test cock #4.
- 2. Open test cock #4.
- 3. Open test kit high valve (A)... Slowly.
- 4. Observe gauge and record on test form. Second check is tight if differential pressure drops slightly and holds steady. If pressure continues to drop until relief port discharges second check is leaking.

C) Test No. 2 shut-off valve for tightness:

- 1. Close test cock #2.
- 2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

<u>Note:</u> If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

D) Test the operation of the differential pressure relief valve: Relief valve must open at a minimum of 2PSID below inlet.

- 1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
- 2. **Slowly** open the test kit low valve (B) until the differential pressure begins to fall... **Slowly**.
- 3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

Double Check Valve Assembly Test

A) Test the first check valve for a minimum of 1 PSID of static pressure drop:

- 1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

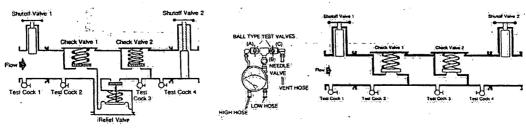
B) Test the **second check valve** for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)

- 1. Connect high-pressure hose to test cock #3.
- 2. Connect low-pressure hose to test cock #4.
- 3. Open test cocks #3 & #4.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

C) Test No. 2 shut-off valve for tightness:

- 1. Repeat procedure for test A.
- 2. Connect vent hose to test cock #4.
- 3. Open test cock #4.
- 4. Open test kit high valve (A) Slowly.
- 5. Close test cock #2.
- 6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

<u>Note:</u> If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.



QPCTMR



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

1 st Quarter 04/01-06/30		uarter 4 th Quarter	approved valve. and Local Admi and inspection p shall be kept at t	It is to be mailed to the nistrative Authority with erformed by a Certified the facility and be exhibited.	thin 5 days of each test
To:			From: (Name of Bogdan Marinescu, P Alfred Heller Heat Tre 5 Wellington Street Clifton, NJ 07014	lant Engineer	
The backflow		lentified below has be s certified to be in con			N.J.A.C. 7:10-10.6
Model Number Serial Number: Comments and	Description of Va			Location of Valv	<u>e</u>
	PRESSURE TE	ST	11-1-7-1	INTERNAL INSI	PECTION
•	<u> </u>	ESSURE ZONE ASSE	MBLY '	DOUBLE CHEC	K VALVE
	DOUBLE CHE			ASSEMBLY	
	1st Check	2 nd Check	Relief Valve	1st Check	2 nd Check
Initial Test Passed		d at psid Leaked alve Closed Tight	Opened at psid Did Not Open	OK Failed	OK _
Failed Repairs &	Leaked	By-pass Used			*
					·
Materials Used			· ·		
Materials Used Test After Repai	r Closed Tight	Closed Tight	Opened at	OK 🗌	ОК
	r Closed Tightpsid	Closed Tightpsid	Opened at psid	ок 🗆	ОК 🗌
Test After Repai & Assembly The Results Certified Testers	Shown Above are C Name:	psid ertified to be True	psid	esses to test and ins Title:	pection
Test After Repai & Assembly The Results Certified Testers Certified Testers	Shown Above are C Name: Signature:	psid ertified to be True	psid Witn Name: Representing:	esses to test and ins Title:	pection
Test After Repai & Assembly The Results Certified Testers Certified Testers Certifying Author	Shown Above are C Name: Signature: rity:	psid ertified to be True	psid Witn Name: Representing: Name:	esses to test and ins Title: Title:	pection

CITY CUERK OFF(IC) 05/31/01 10:49AM 000001 #1928

CITY OF CLIFTON 900 CLIFTON AVENUE CLIFTON, NEW JERSEY 07013

U.C.C. F170 (rev. 3/95)

F*000007 BUILDNG FEE \$40.00

CHM PLUMBING & HEATING

305 CONKLINTOWN RD 🐐

RINGWOOD, NJ 07456-

(973)835-0736

\$40.00

CASH

Date Issued 05/31/2001 Control # Permit # 012262

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 10.10 Lot_ 1 Qual Work Site Location 362 GETTY AVE(BACKFLOW PREVEN Contractor_ TER INSPECTION) Address_ Owner in Fee ALFRED HELLER HEAT TREATING CO 5 WELLINGTON ST Address Telephone CLIFTON, NJ 07011-Lic. No. or Bldrs. Reg. No. 10971 Telephone (973)772-4200 Federal Emp. No. 13-6622178 Is hereby granted permission to perform the following work: [] BUILDING [X] PLUMBING [] LEAD HAZARD ABATEMENT [] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER_ (Subchapter 8 only) DESCRIPTION OF WORK: BACKFLOW PREVENTER INSPECTION. NOTE: If construction does not commence within one (1) year of date of issuance. or if construction ceases for a period of six (6) months, this permit is void. Astimated Cost of Work \$ Construction Official

PAYMENTS (Office Use Only	y)
Building	. 6
Electrical	0
Plumbing	40
Fire Protection	. 0
Elevator Devices	0
0ther	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	40
Check No.	
Cash	X
Collected By	SF

CITY OF CLIFTON 900 CLIFTON AVENUE CLIFTON, NEW JERSEY 07013

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 05/31/2001
Control #
Permit # 012262

A. IDENTIFICATION ADDITIONS	ICAL SECT	TION	Contr	ol #
A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	C		, e. mT	t # 012262
Riock 10 10	u D. TECH	NICAL SITE DATA (List all fixture	S. I mercan	
Work Site location 252 crypt was				
Work Site Location 362 GETTY AVE(BACKFLOW PREVEN				
	NO.	FIXTURE/EQUIPMENT		EFF torri
Owner in Fee_ALFRED HELLER HEAT TREATING CO Address_5 WELLINGTON ST		Water Closet		FEE (Office Use Only)
CLIFTON! AND OTOM	0	Urinal / Bidet		
Tele.(973)772-4200	0	Bath Tub		0
Contractor CHM PLUMBING & HEATING	_ **0	Lavatory		0
Address 306 CONKLINTOWN RD	0	Shower	4	0
DINCHOON NO OTHER		Floor Drain		0
RINGHOOD, NJ 07456- Tele.(973)835-0736	0	Sink	er en	0
Lic. No. or Bldre. Pos. No.	0	Dishwasher		0
		Drinking Fountain	20	0
Federal Emp. No. 13-6622178	0	Washing Machine	75	0
P. DI IMPTAIN CLASS AND		Hose Bib		0
B. PLUMBING CHARACTERISTICS Use Group Present R	0	Water Heater		0
	0.	Fuel Oil Piping		0
partorna pewel, 2156	0	Gas Piping	** .	0
Water Sewer Size [] Public Sewer [] Private Septic Estimated Cost of Plumbing Month [] Public Water [] Private Well	0	Steam Boiler		0
Estimated Cost of Plumbing Work 400 [] Private Well	0	Hot Water Boiler	-	0
		Sewer Pump		0
JOB SUMMARY (Office Use Only) PLAN REVIEW TANGEGY TON	0	Interceptor / Separator	× 🚉	0
INSPECTIONS Dates (Month/Day)	1	Backflow Preventer	-	
L J NO FIGHS REGULTED		Greasetrap	٠٠	22
South Plan Review Required. 1 C1	0	Sewer Connection		0
[] Bldg [] Elect Rough	0	Water Service Connection		0
L J rife 1 Elevator	0	Stacks	4.15	9
L 1 Exumo. Plans Approved		Other		9
pate:		Other	******	0
upproved by:		Other		
	t.			
1 2 W	• • • • • • • • • • • • • • • • • • •			
Approved By:		Adututu		*
Date:	Paid [X] Che	Administrative Surcha	rge \$	
	Collected hy	Minimum Minimum	Fee \$	18
C. CERTIFICATION IN LIEU OF OATH	by	TOTAL	FFF ¢	200
I nereby certify that I am the forms of	•	DCA Training	Fee \$	
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.				
instance on this application.		// //	14	
Signature/Contractor Seal	, f	// //		
[] Liconsed Plumbing Contractor [] Evenet Goolicant	*			
doolicant.				
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		*		200



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applic	ant/Owner ALFRED	HELLER HEAT T	REATING CO	
	nent Legal Address 5 u			
City/To	own CLIFTOI	٧		ip Code 07011
Teleph	one (73) 772 -4200		Fax Number (973) 7	
	t Person Name Book	IN MARINESCU	Title PLANT	ENGINEER
Signati	ure Mauni	Tu	Date_ 6/J	· ·
	of Public Water System_			<u></u>
Name of Location	of Local Administrative A on of Facility <u>5 WE</u>	Authority <u>City of</u> CCNGTON STR EE	CLIFTON T	
			HEAT TREATING"	
Addres	s (Street/Road) JAME	AS ABOVE	· · · · · · · · · · · · · · · · · · ·	
Munici	pality OLIFTO	~	County PA	SS Aic.
				VV TIL
Numbe	er, Type(s), Size(s) and Lo	ocation(s) of Backflow P	reventor Valve(s) Permitted	1:
u	VAITS RP2, 2"	- BIDICDING 2	model # 009-07	TREU
			# 10 / 07	192
•		•		
			*	
Records of (Quarterly Testing and A	nnual Internal Inspect	ion:	V
-		· · · · · · · · · · · · · · · · · · ·		Control of the
	Witnessed By or Perform	ned on: (Enter Date - In	dicate Result - Comment B	elow)
Pressure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspector	Certified Tester	CN - W
1st Quarter	6 1057 01 TOK	_ ^ .		
4/1 - 6/31	<u>\$ 1031 01</u> - OK	-6-10101- VOK	- 6105101 VOK-	
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2 nd Quarter . 7/1 – 9/30	/OK	OK	/ □ OK □	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
,	The Course of the			Double Check Valve
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3rd Quarter	/ OK	// OK	/ ОК	// OK
10/1 – 12/31		•		
•				
4 th Quarter	// OK	/ OK	// OK	/_ /OK
1/1 – 3/31				
				<u> </u>

^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)

	ewal Application 2 of 2		Permit No: 04.79
1.	Certifications by Supplier of Water: On//_ The Supplier of Water for the factorecommends that the Physical Connection Permit be witnessing of the Quarterly Pressure Tests and *Antequarterly Physical Connection Test and Maintenance Tester that: The Backflow Prevention Device(s) we Name of the Supplier of WaterPassacc	renewed for One inual Internal Inspector Report forms for	Year and Certifies that; through ection or through receipt of the tests preformed by a Certified
		Name	
		Title	Section 1985
		Signature	
	hereby recommends that the Physical Connection Pe witnessing of the Quarterly Pressure Tests and *An Physical Connection Test and Maintenance Report for Backflow Prevention Device(s) were functioning sat Name of Local Administrative Authority City	nual Internal Inspe orms for tests prefo isfactorily at the ti	ection or through receipt of Quarter ormed by a Certified Tester that: The me of the test.
		Name	Sy GOLDSTERN
		Title Signature	PLUMBING INSPECTOR
3.	Certification by the Certified Tester: On// I Hereby Certify that: The Backfloform were functioning satisfactorily at the time of the Name of Firm	Signature ow Prevention Dev	
3.	On/ / I Hereby Certify that: The Backflo form were functioning satisfactorily at the time of the Name of Firm Address	Signature ow Prevention Dev	
3.	On/ / I Hereby Certify that: The Backflo form were functioning satisfactorily at the time of th Name of Firm Address Testers Name(s) Testers School	Signature ow Prevention Dev	
3.	On/ I Hereby Certify that: The Backflo form were functioning satisfactorily at the time of th Name of Firm Address Testers Name(s)	Signature ow Prevention Dev	

CI 04/04/02 10:01AM

U.C.C. F170 (rev. 3/96)

Date Issued 04/04/2002

900 CLIFTON 000001 #0700 E: N			Control #	
CLIFTON, NEW JER F-000007			Permit # 0210	J 79
Programme and the second		W JERSEY	· · · ·	
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, I CASH \$40.00	PER	RMIT		
	·		•	
IDENTIFICATION PIOCE	Lot_1	Qua1		
Work Site Location 362 GETTY AVE (BACKFLO	W PREVEN	Contractor CHM PLUMBING	& HEATING	
HOLK DITC DOCCTON JOB ODITI INDIBIORES		Address 305 CONKLINIO		
Owner in Fee ALFRED HELLER HEAT TREATING	; (0)		07456-	
Address 5 WELLINGTON ST		Telephone (973)835-0736		
CLIFTON, NJ 07011-	**************************************	Lic. No. or Bldrs. Reg. N		
Telephone (973)772-4200		Federal Emp. No. 13-6622		
1616phone (313)112 4200		1000101 Lmp. 1101_10_000		
Is hereby granted permission to perform to [] BUILDING [X] PLUMBING [] ELECTRICAL [] FIRE PROTECTI [] ELEVATOR DEVICES [] ASBESTOS ABATE (Subchapter & BACKFLOW BACKFLOW	[] LEAD HA ON [] DEMOLIT TEMENT [] OTHER_ S only)		PAYMENTS (Office Use Office Plumbing Fire Protection Elevator Devices Other DCA Training Fee Cert. of Occupancy Other Total	0 0 40 0 0
NOTE: If construction does not commence or or if construction ceases for a period of	f six (6) months, thi	s permit is void.	Check No.	8
-		S . •	Cash	∑ X ∂DB
Estimated Cost of Work \$ 400	<u> </u>		Collected By	<u>⊼DB</u>
Construction Official DR	04/04/2002 Date			

CITY OF CLIFTON 900 CLIFTON AVENUE CLIFTON, NEW JERSEY 07013

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 04/04/2002
Control #
Permit # 021079

Block 10.10 Lot 1 Fork Site Location 362 GETTY A			NO.	PIXTURE/EQUIPMENT Water Closet		FEE (Office Use Only
wner in Fee ALFRED HELLER HEAT	TREATING CO		0	Urinal / Bidet	•	
ddress 5 WELLINGTON ST			0	Bath Tub		
ele. (973) 772-4200			0	Lavatory		
ontractor CHM PLUMBING & HEAT]	NG.		0	Shower		
ddress 305 CONKLINTOWN RD			<u>U</u>	Ploor Drain		
RINGWOOD, NJ 07456-			<u>v</u>	Sink Dishwasher		
				Drinking Fountain		
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•			0	Water Heater		<u> </u>
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hereby certify that I am the (igent of) owner of record and	am authorized	•			
make this application and real	form the work listed on this	application.				
🖍 # H						

Physical Connection Permit No._____

63

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applicant	t/Owner			<u>·</u>	
	nt Legal Address	• .			<u> </u>
City/Tow	m <u></u>		State		ode
Telephon	e ()	Fax Number ()	e-ma		
	Person Name		Title	·	
Signature			Date	e	
-					
Name of	Public Water System_				<u> </u>
	Local Administrative A	Authority	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·
Location	of Facility				7.0
Name of	Facility, if applicable_			<u> </u>	
Address	(Street/Road)				
			Count	У	
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Number	Type Size Make Mo	del, S/N and Location of	of Backflow Prevent	er Valve(s)	Permitted:
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Records of	Quarterly Testing an Witnessed By or Perfo	d Annual Internal Insormed on: (Enter Date -	Indicate Result – Co	mment Belo	ow)
essure Tests:	Supplier of Water	Local Authority Health or Plumbing Inspec	Certified Test	er	
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[•] The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4.

Duplex Form do not reproduce on separate pages

	Tester that: The Backflow Prevention Device(s) were Name of the Supplier of Water	- Tunctioning satisfa			e iesi.
		Name			4
•		Name		·	
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				<i>(</i>	
		Signature	<u> </u>		
		· ·			
	witnessing of the Quarterly Pressure Tests and *Ann Physical Connection Test and Maintenance Report for Backflow Prevention Device(s) were functioning sati Name of Local Administrative Authority	orms for tests preform	ion or thro ned by a Ce	rtified Test	t of Quarter
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<u>Instructions:</u> This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.

Renewal Application Form

ALFRED HELLER HEAT TREATING CO 0495

SDW Physical Connection Permit: WPC030001

Permit Requirements

Submittal/Action Requirements

Applicable Subject Items	Submittal/Action Type	Requirement
0495, Data converted Physical Connection Valve SI (WSPC75)	Submit renewal application and quarterly monitoring reports	Prior to expiration of Physical Connection Permit. [N.J.A.C. 7:10-10]

Text Requirements

All Phases

0495, Data converted Physical Connection Valve SI (WSPC75)

- 1. GENERAL PERMIT CONDITIONS.
- 2. The permit is revocable, or subject to modification or change, at any time, when in the judgement of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary. [N.J.A.C. 7:10-101]
- 3. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.
- 4. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/ or executed in conformity with such plans and/ or engineering data and said conditions. [N.J.A.C. 7:10-10]
- 5. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the New Jersey Department of Environmental Protection or the State a party in any suit or question of ownership of property.
- 6. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.
- 7. In the examination of plans and/ or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features. [N.J.A.C. 7:10-10]
- 8. SPECIFIC PERMIT CONDITIONS.
- 9. For this permit to remain valid, each physical connection installation backflow prevention valve listed on this permit shall be inspected and tested for tightness under prevailing pressure conditions at least once every three months pursuant to N.J.A.C. 7:10-10.6(a)1. [N.J.A.C. 7:10-10]
- 10. For this permit to remain valid, each physical connection installation backflow prevention valve listed on this permit shall be dismantled and internally inspected annually within six months prior to the submission of an application for permit renewal pursuant to N.J.A.C. 7:10-10.5(b). After reassembly, the owner of the facility shall have the backflow prevention device tested for tightness to ensure integrity of the device. An internal inspection shall consist of the dismantling of a double check valve assembly or reduced pressure zone backflow preventer assembly to visually inspect the integrity of the internal mechanism including the clappers, discs, springs and facing rings pursuant to N.J.A.C. 7:10-10.6(a)2. [N.J.A.C. 7:10-10]
- The Department shall approve a reduction in the frequency of the pressure tests conducted pursuant to N.J.A.C. 7:10-10.6(a)1 if the owner of the facility in which the physical connection is located demonstrates to the Department that the facility is not in operation during any time in a calendar year pursuant to N.J.A.C. 7:10-10.6(a)3. [N.J.A.C. 7:10-10]
- 12. A reduced pressure zone backflow preventer assembly shall not be subject to the internal inspection requirements of N.J.A.C. 7:10-10.6(a)2 above except for routine maintenance as specified by the manufacturer, or for investigation of a malfunction, or as specifically required by the supplier of water. [N.J.A.C. 7:10-10]

ALFRED HELLER HEAT TREATING CO 0495

SDW Physical Connection Permit: WPC030001

Text Requirements

All Phases

0495, Data converted Physical Connection Valve SI (WSPC75)

- For this permit to remain valid, the inspections and testing required pursuant to N.J.A.C. 7:10-10.6(a) shall be conducted by an authorized representative of the owner of the facility where the backflow prevention device is installed in the presence of an authorized representative of the administrative authority and/or the supplier of water, or by a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department pursuant to N.J.A.C. 7:10-10.8. [N.J.A.C. 7:10-10]
- 14. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change pursuant to N.J.A.C. 7:10-10.7(a). [N.J.A.C. 7:10-10]
- 15. No modification to an approved physical connection installation listed in N.J.A.C. 7:10-10.7(b) shall be made prior to submitting a written request to the Department. [N.J.A.C. 7:10-10]
- 16. No modification to an approved physical connection installation listed in N.J.A.C. 7:10-10.7(b) shall be made prior to submitting an application to modify an existing physical connection permit pursuant to N.J.A.C. 7:10-10.7(c) except as provided in N.J.A.C. 7:10-10.7(d). [N.J.A.C. 7:10-10]
- 17. A copy of this Permit and records of at least one (1) year past pressure tests, maintenance and annual internal inspections on the Quarterly Test and Maintenance shall be kept at the facility, and shall be exhibited upon request of Department Personnel. [N.J.A.C. 7:10-10]
- 18. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. [N.J.A.C. 7:10-10]



James E. McGreevey Governor

Department of Environmental Protection Water Supply Administration-Bureau of Safe Drinking Water 401 E. State Street - P.O. Box 426, Trenton, New Jersey 08625-0426 Tel # 609-292-5550 - Fax # 609-292-1654

Bradley M. Campbell Commissioner

February 3rd, 2004

Bogdan Marinescu, Plant Engineer Alfred Heller Heat Treating Company 5 Wellington St. Clifton, New Jersey 07011

Re: Renewed Physical Connection Permit # WPC030001 Physical Connection Pl 0495

Dear Sir or Madam:

Enclosed is your Renewed Physical Connection Permit which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et, seq., and N.J.A.C. 7:10-10.1 et. seg.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to Perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. If addition forms are required, they are also available through our web site at www.state.nj.us/dep/watersupply. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely.

James R. Montgomery, investigator,

Bureau of Safe Drinking Water

में का प्रकार का तथा व तथा करते हैं। के से का स्वयं के में Enclosures: QPCTMR & PCR-076

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CC: Passaic Valley Water Commission Clifton City Health Department Northern Bureau of Water Compliance & Enforcement



James E. McGreevey Governor

Department of Environmental Protection Water Supply Administration-Bureau of Safe Drinking Water 401 E. State Street - P.O. Box 426, Trenton, New Jersey 08625-0426 Tel # 609-292-5550 - Fax # 609-292-1654

Bradley M. Campbell Commissioner

PERMIT*

		gulations. This permit is also subject to a are agreed to by the permittee upon a				
Permit No. Issuance Date Effective Date Expiration						
WPC030001	August 13th, 1971	April 1st, 2003 March 31st, 2004				
Name and Address of	Applicant	Location of Activity/Facility	Clifton,			
Alfred Heller Heat Trea	ting Company	Clifton,				
P O Box 330		Passaic County/5 Wellington St				
Clifton, New Jersey 07	7011	·				
Physical Connection II	O No.	Type of Permit	Statue(s)			
0495		Renewed Physical Connection	NJSA 58:11-9.1 et seq. and			
		Permit	NJSA 58:12A-1 et seq.			

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received April 7th, 2003

Number, Type and Size of Backflow Preventer Valves Permitted-

SUBJECT ITEM

NO.

SIZE

DEVICE TYPE

WSPC0000000075

1

2 inches

Reduced Pressure Zone

WSPC0000000075

2

2 inches

Reduced Pressure Zone

Owner of Approved Public Water System- Passaic Valley Water Commission

Local Administrative Authority-Clifton City Health Department

Source of Unapproved Water Supply-Industrial Well

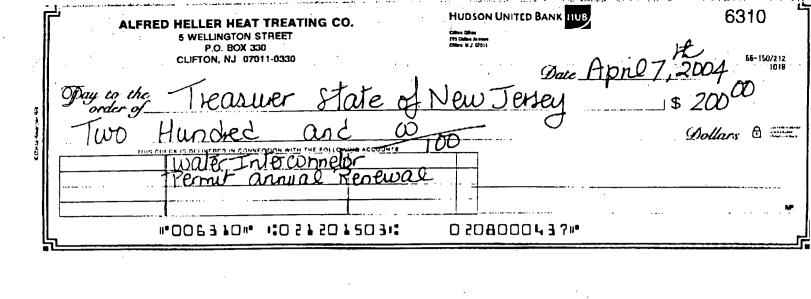
cc: Passaic Valley Water Commission Clifton City Health Department Northern Bureau of Water Compliance and Enforcement

Approved by the Authority of: Michele Putnam, Administrator

Water Supply Administration

Barker Hamill, Bureau Chief

* The word permit means approval, certification, registration etc.





NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION NEW JERSEY SAFE DRINKING WATER

INVOICE NO. 030188700

ANNUAL PHYSICAL CONNECTION INVOICE

Program Interest
ALFRED HELLER HEAT TREATING CO
5 WELLINGTON ST
Clifton City, NJ. 07014
0495

Type of Notice Amount Due ORIGINAL(NON-INITIAL) 200.00 Due Date NJEMS Bill ID Billing Date 03/04/03

000000007675800

04/03/03

Summary	
Total Amount Assessed	200.00
Amount Received Before Creating Installment Plan(if installment plans is allowed)	0.00
Amount Transferred To Installment Plan	0.00
Installment Amount	0.00
Total Amount Credited	0.00
Total Amount Debited (Other Than Amounts Assessed)	0.00
TOTAL AMOUNT DUE	200.00
REMINDER:	
. SEE BACK OF INVOICE FOR DEP CONTACT INFORMATION . MAKE CHECKS PAYABLE TO: TREASURER - STATE OF NEW JERSEY . WRITE PROGRAM INTEREST ID ON YOUR CHECK (SEE BOTTOM STUB) . RETURN THE BOTTOM STUB WITH YOUR PAYMENT . MAIL PAYMENT AND STUB TO NJ DEPARTMENT OF TREASURY (SEE BOTTOM STUB)	

See Back Of Page For Billing Inquiries

INVOICE NO.

030188700



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NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION NEW JERSEY SAFE DRINKING WATER

D9901F (R 03/02) INVOICE NO.

030188700

ANNUAL PHYSICAL CONNECTION INVOICE

NJEMS Bill ID 00000007675800 Amount Due

Program	interest ID
	0495

Type of Notice ORIGINAL(NON-INITIAL)

Billing Date Due Date 03/04/03 04/03/03

200.00 S

For name and/or address change, check box and write corrections on the back of this invoice.

DO NOT FOLD, BEND OR MARK

Enter the Amount of your Payment (138)

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'		 •

Madadhaadhadhaadhadhaadhaadh

RETURN THIS PORTION with your check made payable to: TREASURER - STATE OF NEW JERSEY and mail to:

ALFRED HELLER HEAT TREATING CO

NJ DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 417 TRENTON, NJ 08646-0417

PO BOX 330 Clifton

NJ 07011-0330

EP101010101010101010100004090511111000020000001980301887004814

Test Procedure for Backflow Preventor Valve Assembly

Set Up Procedure for Testing

- 1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. Note for Reduced Pressure Zone Valves: A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.
- 2. Flush test cocks Nos. 2, 3 & 4.

Reduced Pressure Zone Valve Assembly Test

- A) Test the first check valve for a minimum of 5 PSID of static pressure drop:
- 1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)
- B) Test the second check valve for tightness against backpressure:
- 1. Connect vent hose to test cock #4.
- 2. Open test cock #4.
- 3. Open test kit high valve (A)... Slowly.
- Observe gauge and record on test form. Second check is tight
 if differential pressure drops slightly and hold steady. If
 pressure continues to drop until relief port discharges second
 check is leaking.

C) Test No. 2 shut-off valve for tightness:

- 1. Close test cock #2.
- Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

- D) Test the operation of the differential pressure relief valve: Note: Relief valve must open at a minimum of 2PSID.
- 1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
- 2. Slowly open the test kit low valve (B) until the differential pressure begins to fall... Slowly.
- 3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

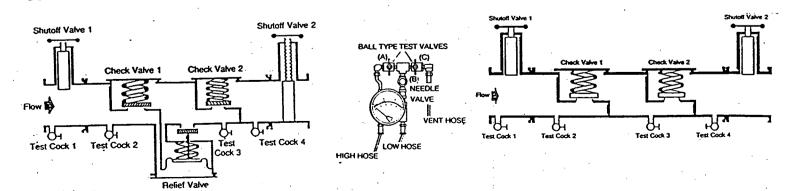
3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open **Double Check Valve Assembly Test**

- A) Test the first check valve for a minimum of 1 PSID of static pressure drop:
- 1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)
- B) Test the second check valve for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)
- 1. Connect high-pressure hose to test cock #3.
- 2. Connect low-pressure hose to test cock #4.
- 3. Open test cocks #3 & #4.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) <u>Slowly</u>.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

C) Test No. 2 shut-off valve for tightness:

- 1. Repeat procedure for test A.
- 2. Connect vent hose to test cock #4.
- 3. Open test cock #4.
- 4. Open test kit high valve (A) Slowly.
- Close test cock #2.
- 6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.



	Cartifications by Supplies	CXXI /		•
	Certifications by Supplier On / / The Sup	r of Water:	d. C. T.	
	recommends that the Dhysis	piler of water for	the facility named of the re	verse side of this form hereby
	witnessing of the Quarterly	cal Connection Per	mit be renewed for One Yo	ear and Certifies that; through
	Quarterly Physical Connect	tion Test and Main	d "Annual Internal Inspec	tion or through receipt of the
	Tester that: The Backflow	Dravantian Davice	(c) were functioning for to	ests preformed by a Certified
	Name of the Supplier of W	oter	(s) were functioning satisfa	actorily at the time of the test.
	and a supplied of W	atci		
			Name	
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	witnessing of the Quarterly le Physical Connection Test and	Pressure Tests and Maintenance Repeter) When the properties of th	on Permit be renewed for (*Annual Internal Inspecti port forms for tests preform	One Year and Certifies that; the on or through receipt of Quarter that the control of the contro
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	witnessing of the Quarterly lead the Witnessing of the Quarterly lead to the Physical Connection Test and Backflow Prevention Device Name of Local Administration	Pressure Tests and Maintenance Repets of the Maintenance Repets were functioning to Authority	on Permit be renewed for (*Annual Internal Inspection for forms for tests preform in a satisfactorily at the time Name	One Year and Certifies that; the on or through receipt of Quarter that the control of the contro
	witnessing of the Quarterly leading the Witnessing of the Quarterly leading to the Physical Connection Test and Backflow Prevention Device Name of Local Administration of Local Administration by the Certification by the	Pressure Tests and Maintenance Repets) were functioning the Authority	on Permit be renewed for (*Annual Internal Inspection port forms for tests preforming satisfactorily at the time Name Title Signature	One Year and Certifies that; the control of Quantum or through receipt of Quantum of the test.
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<u>Instructions:</u> This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.



DONALD T. DIFRANCESCO

Acting Governor

Department of Environmental Protection

Mater Supply Administration Mureau of Safe Drinking Mater

401 E. State Street – P.O. Box 426

Trenton, New Jersey 08625-0426

Tel# 609-292-5550 – Fax# 609-292-1654

Robert C. Shinn, Jr. Commissioner

July 27, 2001

Bogdan Marinescu, Plant Engineer Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011

Re: Renewal of Physical Connection Permit # 0495

Dear Mr. Marinescu:

We have pleasure in enclosing herewith your Physical Connection Permit Renewal which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with the supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection if required and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely,

James R. Montgomery

Physical Connection Program

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र्तिक होती वेद्य करिके में है एक्टर माहिता है है

Enclosures: QPCTMR & PCR-076 cc: Passaic Valley Water Comm Clifton City Health Dept.



State of New Jersey

DONALD T. DIFRANCESCO
Acting Governor

Department of Environmental Protection

Water Supply Administration - Bureau of Safe Brinking Water

Robert C. Shinn, Jr. Commissioner

PERMIT'

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No. 0495	Issuance Date August 13, 1971	Effective Date April 1, 2001	Expiration Date March 31, 2002	
Name and Address of Applicant Alfred Heller Heat Treating Co.		Location of Activity/Facility Clifton City, Passaic County / 5 Wellington St. Building 1 & 2		
P.O. Box 330 Clifton, N.J. 07011		Type of Permit RENEWAL PHYSICAL CONNECTION	Statute(s) NJSA 58:11-9.1 et seq. and NJSA 58:12A-1 et seq.	

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received June 12, 2001.

Number, Type and Size of Backflow Preventor Valves Permitted- Two 2 inch RPZs Owner of Approved Public Water System- Passaic Valley Water Comm Local Administrative Authority- Clifton City Health Dept.

Source of Unapproved Water Supply- Private Well

This Permit is subject to the Following Specific Conditions:

- 1. The above listed valves shall be tested for tightness, under prevailing pressure conditions at least **once every three months**. N.J.A.C. 7:10-10.6. Seasonal facilities shall be tested upon opening and once every three months while in operation.
- 2. The above listed DCVA DCDC valves shall be disassembled and internally inspected for integrity of the internal mechanism annually, within six months prior to the submission of an application for permit renewal. N.J.A.C. 7:10-10.6(a)2. A Reduced Pressure Zone (RPZ) valve shall not be subject to the annual internal inspection except as provided in N.J.A.C. 7:10-10.6(a)4.
- 3. The owner of the facility where the physical connection exists shall either: Arrange for witnessing of these tests and annual internal inspection with a representative of the supplier of water and / or the local administrative authority, to be conducted by a representative of the owner. Or shall use a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department, as per N.J.A.C. 7:10-10.8(f). The supplier of water and the local administrative authority may require a representative be present to witness tests & inspections preformed by a certified tester.
- 4. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. Prior to expiration of this permit complete the Physical Connection Permit Renewal Application Form and submit it to the Department with all the Quarterly Test and Maintenance Report forms from the preceding permit year as per N.J.A.C. 7:10-10.5(b).

cc: Passaic Valley Water Comm Clifton City Health Dept.

Approved by the authority of:

Shing-Fu Hsueh, Ph.D., Administrator

Water Supply Element

Barker Hamill, Bureau Chief

^{&#}x27;The word permit means approval, certification, registration, etc.

This permits subject to the following GENERAL CONDITIONS:

- 1. The permit is revocable, or subject to modification or change, at any time, when in the judgment of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary.
- 2. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.
- 3. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and said conditions.
- 4. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change, as per N.J.A.C. 7:10-10.7(a).
- 5. No modification to an approved physical connection installation listed in N.J.A.C 7:10-10.7(b) shall be made prior to submitting a written request and an application to modify the existing Physical Connection Permit.
- 6. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the Department of Environmental Protection or the State a party in any suit or question of ownership of property.
- 7. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.
- 8. A copy of this Permit and records of quarterly tests, maintenance and annual internal inspections shall be kept at the facility, and shall be exhibited upon request of any person.
- 9. In the examination of plans and/or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features.
- 10. For this permit to remain valid, each Physical Connection Installation Backflow Preventor Valve approved in this permit shall tested for tightness under prevailing conditions, internally inspected and maintained in accordance with N.J.A.C. 7:10-10.6.
- 11. Any approved Physical Connection Installation that fails a pressure test or internal inspection shall be repaired and retest within 30 days in accordance with N.J.A.C. 7:10-10.6(g). If the approved Physical Connection cannot be repaired it shall be replaced. The permit holder shall follow the Permit Modification Procedure outlined in N.J.A.C. 7:10-10.7.

BLOCK	LOT	QUALIFICATION CODE	ADDRESS (SITE)	PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

	IDENTIFICATION Propsed Work Site at:				
	Name of Owner in Fee:		Tel. ()	
	Address		· · · · ·		
	street	municipality			zip code
3 .	Ownership in Fee: Public	Private			
4.	Principal Contractor:		Tel. (_)	
	Address				
	License No. OR, if new home, Builder Reg. No.			Exp. Date _	
	Federal Employee No.		FAX: (_)	
5.	Architect or Engineer		Tel. (_		
	Address				
6.	Responsible Person in Charge of Work				
	Tel. ()	FAX ()		

V. FE	E SUMMARY (for office use or	ıly	')	.).	ž.		
						Update	Update
1.	Building	\$,		,	
2.	Electrical						
3.	Plumbing						
4.	Fire Protection						
5.	Elevator Devices						
6.	Subtotal	\$	-				
7.	Less 20% for						
	State Plan Review					İ	
8.	Subtotal	\$					
9.	DCA Training Fee						-
10.	Subtotal	•					
11.	Cert. of Occupancy						
12.	Other						
13.	TOTAL	\$					·
						·	

	
VI. BUILDING/SITE CHARACTERISTICS	(office use only)
Number of Stories	"
2. Height of Structure	it.
3. Area — Largest Floorsq.	ft.
4. New Building Areasq.	
5. Volume of New Structure cu.	
6. Construction Classification	
7. Total Land Area Disturbedsq.	ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	ft.
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

							12. 101	ax. Occupancy	Load	
Ť		OPTIONAL (for office use only)								
II. PROPOSED WORK	Est. Cost	Plans	Date	Rejection	Approval	Re-	Resubmis	sion Dates	Re-	
1. Minor Work		Rec'd by	Rec'd	Date	Date	viewer	Approval	Rejection	viewer	
2. 🗌 New Building					<u> </u>					
3. 🗆 Addition									L	
4. 🗌 Alteration										
5. Fire Protection	,									
6. 🗆 Plumbing						•		•		
7. Electrical				·						
8. Elevator Devices										
9. Asbestos Abat. Subch. 8										
10. 🗆 Lead Hazard Abatement			¥.					-		
11. Demolition							*			
TOTAL COSTS		IV. DOES	OR WILL YO	OUR BUILDING	CONTAIN A	NY OF TH	F FOLLOWIN	IG?	****	
			/ators/Escala						roventere	
III. DO YOU WANT: (optional) .		nbwaiters/Mo			 Cross-Connections/Backflow Preven Hazardous Uses/Places of Assembly 				
1. ☐ Partial Releases	·		n Pressure B				inklers		•	
2. Prototype Processing	į		ssure Vessel rigeration Sy:	_			oke Control Sto derground Sto	ystems in Opei rage Tanks	n Wells	

_	
	VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL 1. Hotels (R-1) 2. Multi-Family (R-2) 3. Two-Family (R-3) BOCA 4. Two-Family (R-4) CABO 5. One-Family (R-3) BOCA 6. One-Family (R-4) CABO No. of dwelling units:
1	Before Construction After Construction
ı	Net Gain or Loss
1	
J	B. NON-RESIDENTIAL
	State Specific Use: Use Group:
	3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.	
Mark the following applicable boxes:	
A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occ pancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single fam residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that sa new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et sec and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.	ily or iid 7.)
I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FO THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AN AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EN PLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I A VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.	ID VI-
B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.	/ii:
In personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, a existing single family residence that is owned and occupied by myself and located on the property listed on Page	p- an
C. () I further certify that I will perform or supervise the following work: C.1. () Building C.2. () Fire Protection	
I further certify that I will perform the following work: C.3. () Electrical C.4. () Plumbing	
D () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division Taxation and to comply with all New Jersey tax laws.	of
I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, coun and local prior approvals have been given, including such certification as the construction official may require.	ty,
I understand that if any of the above statements are willfully false, I am subject to punishment.	
Signature Date	_
II. AGENT SECTION (to be completed if the applicant is not the owner in fee)	
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.	is
I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, count and local prior approvals have been given, including such certification as the construction official may require.	ty,
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxati and to comply with all New Jersey tax laws.	on
I understand that if any of the above statements are willfully false, I am subject to punishment.	
() Check if contractor.	
	:
Agent Name	-
Address	-
	_
Telephone ()	
Signature	
III () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.	

VIII. PRIOR APPROVALS		CAL ROVAL		JNTY ROVAL		IONAL ROVAL		TATE PROVAL	COMMENTS
CHECKLIST (office use only)	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	COMINENTS
Zoning Officer			> <						
Planning Board									
Zoning Board			$\overline{}$						
Sewer Authority									
Water Authority									
Police Department									
Health Department			>						
] Soil Conservation									
N.J. Department of Community Affairs			\						
N.J. Department of Transportation			>						
N.J. Department of Environmental Protection									
Utility Dig No.			>						
]									
]									
		, ,							
K. SUBCODES AND SPECIAL		APPLICABLE (0	ffice use only						
Name of Co Building	de & Edition		Energy		Code & Edition		Other		
lectrical			Barrier Free				Ouler _		
Plumbing			FIUUU Hazait	4					
ire Protection	•		As Built Elev	ation Cert.					
flechanical			Other						
/									
C. CERTIFICATES ISSUED (of		No		DATE IS	SSUED	DATE EXP	PIRED	DATE REISSUED	DATE EXPIR
Temporary Certificate of Occi					· · · · · · · · · · · · · · · · · · ·				
Temporary Certificate of Com	•						· · · · · · · · · · · · · · · · · · ·		<u> </u>
Continued Certificate of Occu	ıpancy				··				
Certificate of Compliance			· · · · · · · · · · · · · · · · · · ·		•				
Certificate of Occupancy									
Certificate of Occupancy Certificate of Approval Lead Abatement Clearance C									

Building Department City of Clifton 900 Clifton Ave. Clifton, N. J. 07013



A. IDENTIFICATION—APPLICANT: COMF CONTRACTORS, NOTIFY THIS OFFICE.				EN CHANGI	NG	D. TECHN NO.	ICAL SITE DATA (I FIXTURE/EQL	List of all fixtures.)	 C (Office 11 - O.1.)
Block						NO.		IPMENI	E (Office Use Only)
Work Site Location							Water Closet Urinal/Bidet		\$
							Bath Tub		
Owner in Fee						-	Lavatory		
Address							Shower		
							Floor Drain	·	
Tele. ()							Sink	÷	
Contractor							Dishwasher		
Address			····	· .			Drinking Fount	ain	
						***************************************	Washing Mach	ine	
Tele. ()	Fax (_)					Hose Bibb		
Lic. No					****		Water Heater		
Federal Emp. No.			*************	····			Fuel Oil Piping	;	
B. PLUMBING CHARACTERISTICS							Gas Piping		
Use Group Present	Propos	sed					Steam Boiler		
Building Sewer Size			ivate Septi	······································	···		Hot Water Boile	er	
Water Service Size							Sewer Pump		
Est. Cost of Plumbing Work \$							Interceptor/Sep	arator	
							Backflow Preve	enter	
JOB SUMMARY (Office Use Only)					1		Greasetrap		
PLAN REVIEW	INSPECTIONS		Dates (N	fonth/Day)			Sewer Connec	•	 ·
[] No Plans Required	Type:	Failure	Failure	Approval	Initial		Water Service	Connection	
Joint Plan Review Required:	Slab					-	Stacks		 <u> </u>
[] Building [] Electric	Rough							·	
[] Fire [] Elevator	Water								
[] Plumbing Plans Approved	Sewer						Other		
Date:	Fixtures						•		
Approved by:	Gas Equipment							Administrative Surcharge	\$
	Gas Piping				1				
SUBCODE APPROVAL	Solar		·	· .]			DCA Training Fee	
[] CO [] CO [] CA	TCO]		tion t a	TOTAL FEE	\$
Date:	· · · · · · · · · · · · · · · · · · ·		·						
Approved by:								19.00	
		4.5							

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature —	Contractor's Seal
-------------	-------------------

Date Received

Date Issued

Control # Permit #



State of New Jersey

James E. McGreevey

Governor

Department of Environmental Protection

Water Supply Administration Bureau of Safe Drinking Water

401 E. State Street – P.O. Box 426

Trenton, New Jersey 08625-0426

Tel# 609-292-5550 – Fax# 609-292-1654

Bradley M. Campbell Commissioner

May 17, 2002

Bogdan Marinescu, Plant Engineer Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011

Re: Renewal of Physical Connection Permit # 0495

THAIRS, CRAIN

Dear Mr. Marinescu:

A TORREST OF A

We have pleasure in enclosing herewith your Physical Connection Permit Renewal which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with the supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection if required and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely,

James R. Montgomery

Physical Connection Program

Bureau of Safe Drinking Water

Enclosures: QPCTMR & PCR-076 cc: Passaic Valley Water Comm Clifton City Health Dept.



James E. McGreevey *Governor*

Department of Environmental Protection

Mater Supply Administration - Bureau of Safe Brinking Mater

Bradley M. Campbell Commissioner

PERMIT'

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No. 0495	Issuance Date August 13, 1971	Effective Date April 1, 2002	Expiration Date March 31, 2003		
Name and Address of Applicant Alfred Heller Heat Treating Co.		Location of Activity/Facility Clifton City, Passaic County / 5 Wellington St. Building 1 & 2			
P.O. Box 330 Clifton, N.J. 07011	P.O. Box 330		Statute(s) NJSA 58:11-9.1 et seq. and NJSA 58:12A-1 et seq.		

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received April 9, 2002.

Number, Type and Size of Backflow Preventor Valves Permitted- Two 2 inch RPZs Owner of Approved Public Water System- Passaic Valley Water Comm Local Administrative Authority- Clifton City Health Dept.

Source of Unapproved Water Supply- Private Well

This Permit is subject to the Following Specific Conditions:

- 1. The above listed valves shall be tested for tightness, under prevailing pressure conditions at least **once every three months**. N.J.A.C. 7:10-10.6. Seasonal facilities shall be tested upon opening and once every three months while in operation.
- 2. The above listed **DCVA DCDC** valves shall be disassembled and internally inspected for integrity of the internal mechanism annually, within six months prior to the submission of an application for permit renewal. N.J.A.C. 7:10-10.6(a)2. A Reduced Pressure Zone (**RPZ**) valve shall not be subject to the annual internal inspection except as provided in N.J.A.C. 7:10-10.6(a)4.
- 3. The owner of the facility where the physical connection exists shall either: Arrange for witnessing of these tests and annual internal inspection with a representative of the supplier of water and / or the local administrative authority, to be conducted by a representative of the owner. Or shall use a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency-approved by the Department, as per N.J.A.C. 7:10-10.8(f). The supplier of water and the local administrative authority may require a representative be present to witness tests & inspections preformed by a certified tester.
- 4. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. Prior to expiration of this permit complete the Physical Connection Permit Renewal Application Form and submit it to the Department with all the Quarterly Test and Maintenance Report forms from the preceding permit year as per N.J.A.C. 7:10-10.5(b).

cc: Passaic Valley Water Comm Clifton City Health Dept.

Approved by the authority of: Dennis Hart, Administrator Water Supply Administration

Barker Hamill, Bureau Chief

^{*} The word permit means approval, certification, registration, etc.

This permit is subject to the following GENERAL CONDITIONS:

- 1. The permit is revocable, or subject to modification or change, at any time, when in the judgment of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary.
- 2. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.
- 3. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and said conditions.
- 4. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change, as per N.J.A.C. 7:10-10.7(a).
- 5. No modification to an approved physical connection installation listed in N.J.A.C 7:10-10.7(b) shall be made prior to submitting a written request and an application to modify the existing Physical Connection Permit.
- 6. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the Department of Environmental Protection or the State a party in any suit or question of ownership of property.
- 7. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.
- 8. A copy of this Permit and records of quarterly tests, maintenance and annual internal inspections shall be kept at the facility, and shall be exhibited upon request of any person.
- 9. In the examination of plans and/or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features.
- 10. For this permit to remain valid, each Physical Connection Installation Backflow Preventor Valve approved in this permit shall tested for tightness under prevailing conditions, internally inspected and maintained in accordance with N.J.A.C. 7:10-10.6.
- 11. Any approved Physical Connection Installation that fails a pressure test or internal inspection shall be repaired and retest within 30 days in accordance with N.J.A.C. 7:10-10.6(g). If the approved Physical Connection cannot be repaired it shall be replaced. The permit holder shall follow the Permit Modification Procedure outlined in N.J.A.C. 7:10-10.7.

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81.z/091-99 QQZC 57	22/1/2000 OCIETON, NJ. 07011-0330
216/031 33	S WELLINGTON STREET
₩ 298ħ	ALFRED HELLER HEAT TREATING CO.

BY DATE SPECIFIED.

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO. **HEAT TREATING SPECIALISTS 5 WELLINGTON STREET**



Purchase Order No.

P.O. BOX 330 **CLIFTON, N.J. 07011**

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6/5/01	DATE REQUESTED TERMS	F.O.B.	SHIP VIA	ДЕРТ. Мол	i'ul.	FOR OUR FOR USE RESALE
QUANTITY		DESCRIPTION			PRICE	AMOUNT
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	By acceptance of this purchase or satisfies all current governmental:	rder, the supplier agrees that the	e material manufacture	ec.		
	naterials; as well as environn applicable to the country of man	nental electrical and electron	nagnetic consideratio	ns		
OUR ORDER NU ALL CORRESPO PACKAGES, NO	MPORTANT MBER MUST APPEAR ON NDENCE, INVOICES AND TIFY US IMMEDIATELY SHIP ORDER COMPLETE	Purchaser maintains the to audit the supplier to a the quality of the product seing purchased.			laun	Tu.



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Permar	ichi legai Address	•
City/To	own	StateZip Code
Teleph	one ()	Fax Number ()
Contac	t Person Name	Title
Signatu		Date
Name o	of Public Water System	
- Name c	NT LACAL Administrativ	· Authority
Location	on of Facility	Admorty
Name o	of Facility, if applicable	
Addres	s (Street/Road)	
Munici	pality	County
	Quarterly Testing and Witnessed By or Perf	Annual Internal Inspection: ormed on: (Enter Date - Indicate Result – Comment Below)
ords of C	Quarterly Testing and Witnessed By or Perf	Annual Internal Inspection: ormed on: (Enter Date - Indicate Result – Comment Below) Local Authority Certified Tester
	Quarterly Testing and Witnessed By or Perf	Annual Internal Inspection: ormed on: (Enter Date - Indicate Result – Comment Below) Local Authority Certified Tester Health or Plumbing Inspector
sure Tests:	Quarterly Testing and Witnessed By or Perf Supplier of Water	Annual Internal Inspection: Ormed on: (Enter Date - Indicate Result – Comment Below) Local Authority Certified Tester Health or Plumbing Inspector C OK OK OK
sure Tests: Quarter - 6/31 Quarter	Quarterly Testing and Witnessed By or Perf Supplier of Water	Annual Internal Inspection: ormed on: (Enter Date - Indicate Result - Comment Below) Local Authority Certified Tester Health or Plumbing Inspector C

^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

. -	st 2 nd 3 rd	4 th	Physical Co	onnection Permit	No
4	Quarter Quarte	arter Quarter 12/31 1/1-3/31	approved valve. Local Administr Inspection perfor kept at the facilit	s form is to be completed. It is to be mailed to the stative Authority within 5 med by a Certified Tester, and be exhibited upon the Physical Connection R	Supplier of Water and Days of each test & r. These forms shall be request, and are to be
To:			From: (N	ame of Permit Holder)	
			<u>-</u>		,
The back	flow prevention device				d by N.J.A.C.
Manufacturer	7:10-10.6 and 1 Description of Valve of Valve er	s certified to be in co		Location of Valve	
Model Numbe Serial Number	er r	Size in		•	
	Notations				
	PF	RESSURE TEST	·	INTERNAL IN	SPECTION
	REDUCED PH DOUBLE CHI	RESSURE ZONE AS ECK VALVE	SEMBLY	DOUBLE CHE ASSEM	
	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check
Initial Test Passed	Closed Tight psid Leaked No. 2 Short SW 1	Closed Tight psid Leaked	Opened atpsid Did Not Open	OK	OK Failed
Failed	No. 2 Shut-off Valv	By-pass used	Did Not Open		
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight psid	Closed Tight psid	Opened atpsid	ок 🗆	ок 🗌
The Results S	hown Above are Cer	tified to be True.	W	itnesses to test & In	spection
Certified Testers	s Name	· · · · · · · · · · · · · · · · · · ·	<u>Name</u>	7	itle
Certified Testers	s Signature		Representing		_
Certifying Author	ority		Name	;	Title
Cert. ID#	Expiration Da	ite / /	Representing		

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO.

HEAT TREATING SPECIALISTS 5 WELLINGTON STREET P.O. BOX 330



Purchase Order No.

12876

CLIFTON, N.J. 07011

то:	19 Plumbing		SHI	Р ТО:	uu-e as	alone
		<u> </u>				
DATE SPUS 03	3/25 03	F.O.B.	SHIP VIA	Gene	eral Plant	FOR OUR FOR USE RESALE
QUANTITY		DESCRIPTION			PRICE	AMOUNT
	Brackflow	reventer Lest	for for	mit		
	By acceptance of this purchase on satisfies all current governmental a naterials; as well as environm applicable to the country of manu	nd safety constraints on restric ental electrical and electron	ried, toxic and hazardo	ons		

ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED.

to audit the supplier to assure the quality of the product reing purchased.

Maurish

ALFRED HELLER HEAT TREATING CO. 5 WELLINGTON STREET P.O. BOX 330 CLIFTON, NJ 07011-0330 OPay to the POWER STOLE of N TWO HUNCHED IN CONNECTION WITH THE FOLLOWING ACCOUNTS 11 00 59 28 11 10 2 1 20 1 50 31:	HUDSON UNITED BANK HUB Street office office 25 to 150 / 212 Pare March 26, 2003 1018 Pew Jeney \$ 20000 Pollars 1 Books of the control of
Program Interest ID O495 NEW JERSEY SAFE DIA ANNUAL PHYSICAL CON Type of Notice ORIGINAL (NON-INITIAL)	ENVIRONMENTAL PROTECTION 10VOICE NO. 030188700 030
For name and/or address change, check box and write corrections on the back of this invoice. DO NOT FOLD, BEN DO NOT FOLD, B	RETURN THIS PORTION with your check made payable to: TREASURER - STATE OF NEW JERSEY and mail to: NJ DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 417 TRENTON, NJ 08646-0417

EP101010101010101010100004090511111100002000001980301887004814

Cross Connection Control Device Performance Test

Attachment Bulletin 99-2

.rol Device Permit No. 0495					3/c	ite of Test	·
9 Owner Information	<u></u> :	Street Add	dress		1	C=0 .> 4>	
HELLER HELLER		State, Zip			NGTON	STREE	7 ·
CLI FTOH		State, Zip	N.J.	07011		:	<u>·</u>
Project Information			.,	,			
Project Name Alfred Heller Heat T	COATING	Street Ad	dress 5	We	ellingto	NST	
City, State, Zip Code CITTON NJ 0701		County			<i></i>		
Assembly Location							
Manufacturer WATTS	• .	Model	109	27	Serial Number		
Size 2" Assembly Type: PRP	RP De	etector	DC	v	_DCV Detecto	or	PVB
NITIAL TEST							
1st Check psicClosed tight Leaked StaticPSID	2 nd Check Closed Leaked	tight d		RP relief va Opened atDid not	3,25 PSID		
INAL TEST	- 						<u> </u>
Closed tight	Closed			Opened at _	PSID		
StaticPSID	StaticP	SID	<u> </u>				
ECTOR BYPASS ASSEMBLY INITIAL TEST			• .	DD relief ve	1		
ı ^{s⊤} Check Closed tight	2 rd Check ——Closed	t tiaht		RP relief va Opened at-	PSID		
Leaked	Leake			Did n		•	•
StaticPSID	Static	PSID ·	33				
DETECTOR BYPASS ASSEMBLY FINAL TEST							
Closed tight	Closed			Opened at_	PSID		
StaticPSID	StaticP	SID			·		
PRESSURE VACUUM BREAKER INITIAL TEST					CUUM BREA	KER FINAL Check valve	
Air inlet valve	Check valve			ir inlet valve pened at	_		: d tight
Opened atPSID	Leaked	ltight 1	. •	pened at	_	tatic	=
Did not open	Static				•		
BACKFLOW ASSEMBLIES IN FIRE PROTECTIO	N SYSTEMS		Note: Inc	lude hose stre	am demand whe	re applicable	
Forward flow test Designed flow rateGPM No. of nozzles flowed Inlet flow pressurePSI		zle size		GPM	Pitot press	ure	_PSID
Control ValvesNo. one shut-off valve openNo	. two shut-off	valve ope	n Valv	e supervisio	n:Tamper	switch	Locked
I HEREBY CERTIFY THE TEST RESULTS ARE	TRUE AND TH	IE TEST V	VAS COND	UCTED BY N	ME PERȘONAL	LY.	•
tified Tester Name LATRICK BU	rken		Cert Test	er No. <u>6</u>	824	 . :	
vert. Tester Signature	uk			Date	105		
Address 305 CONKUNTOWN RO	<u>u.c.</u>		Telephone	No. <u>973</u>	835 6	7	
SLINGUIOUS NJ 019	70 W	;		Date	2/05/03		

Cross Connection Control Device Performance Test

Attachment Bulletin 99-2

rol Device Permit No. 0495		• •		Date of Te	 st
Owner Information		Street Address			
Heller Heller		S	- Well	INGTON ST	·
		State, Zip Code	NI	07011	,
CliftON			1. 4		
Project Information		Street Address	- 1,1011.	NGTON ST	
AlfRED Heller Heat 1	reating	County	WEIII	NG 10N 3-1	· · · · · · · ·
Project Name ALFRED Heller HEAT I City, State, Zip Code CLIFTON NJ OT	1011	County			
Assembly Location				 	
Manufacturer		Model	-TT .	Serial Number	
HERSEY SPARLING		FRP		NA	
Hersey SPARLING Size J" Assembly Type: X RP	RP De	etector	DCV	_DCV Detector	PVB
NITIAL TEST				·	
1 st Check	2 nd Check		RP relief va	2 1/4 PSID	•
<u>C78</u> Closed tight	Closed		Did not		
Leaked	Leaked		510 1101	p	
StaticPSID	Static				
FINAL TEST	Closed	tiaht	Onened at	PSID	
Closed tight			Opened at _	· · · · · ·	
StaticPSID	StaticP	טוני			
ECTOR BYPASS ASSEMBLY INITIAL TEST	and Object		RP relief va	lve	
(ST Check	2 nd Check ——Closed	t tiaht		PSID	
Closed tight	Leake		Did n		•
Leaked StaticPSID	Static				
DETECTOR BYPASS ASSEMBLY FINAL TEST	Closed	tiaht	Opened at	PSID	
Closed tight StaticPSID	StaticP			 	•
			PRESSURE V	ACUUM BREAKER FIN	AL TEST
PRESSURE VACUUM BREAKER INITIAL TEST	Check valve	•	Air inlet valve		
Air inlet valve	Closed		Opened at		sed tight
Opened atPSID	Leaked	_	- p	Static	PSID
Did not open	Static				•
BACKFLOW ASSEMBLIES IN FIRE PROTECTION			: Include hose stre	am demand where applica	ble
Forward flow test					•
Designed flow rateGPM		tual flow rate	GPM	Pitot pressure	PSID
No. of nozzles flowed		zzle size	nel	Fitor biessure	
Inlet flow pressurePSI	Out	tiet flow pressur	ePSI		
Control Valves					
No. one shut-off valve openNo	o, two shut-off	valve open	Valve supervision	on:Tamper switch _	Lоскед
	TRUE AND TH	HE TEST WAS C	ONDUCTED BY	ME PERSONALLY.	
Wari L. B.			Tester No	3824	
tified Tester Name	144/	Ceit		400	
Lert. Tester Signature Yourk Be	up		ation batter	005	
Address 305 CONKUNTOWA	Pd	Talon	hone No \$73	835 6227 3/2 4 /03	
Address 305 CONKUNTOWN NT 0745	6		10116 NO. <u>7.75</u>	3/24/03	
		•			4

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly	The . I	~	TD 4 O N	M . • . 4	Th
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1 ^s	2 nd 3 rd 3 rd	4 th	Physical Co	onnection Permit	No. <u>0495</u>
	Quarter Quarter Qua 1-6/30 7/1-9/30 10/1-		Instructions: This	form is to be complete	d for each test of each
-11	_			It is to be mailed to the	
Date of T	est 3 125 10	<u> </u>		ative Authority within 5 med by a Certified Teste	
				y and be exhibited upon	
• •				e Physical Connection F	
To:		•		ame of Permit Holder)	······································
10:		·	•	FRED HELLER A	YEATTREATING
		· · · · · · · · · · · · · · · · · · ·			
•					
					
The backf	low prevention devic	e identified below has	s been tested and i	nspected as require	ed by N.J.A.C.
		s certified to be in co			•
T	Description of Valve			Location of Valve	
		y Sparling	AlFRED	Heller Henr	TrCATING
Model Number	of Valve <u>Hekse</u> r_FRP II (RPZ DCVAT	5 W	ellingTON ST	~
Serial Number	NA	Size <u>2 in.</u>	Clifton	ellington St NJ 0701	1
Corrar I variour	11//		-		
Comments & 1	Notations		<u></u>	· · · · · · · · · · · · · · · · · · ·	
·					
					·····
	PF	ESSURE TEST		INTERNAL IN	NSPECTION
	REDUCED PR	RESSURE ZONE AS	SEMBLY	DOUBLE CHE	ECK VALVE
	DOUBLE CHI]	ASSEM	IBLY
	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check
Initial Test	Closed Tight	Closed Tight	Opened	OK	OK T
	at 6.78 psid	at psid	at 23/4 psid		,
Passed []	Leaked	Leaked	Post	Failed	Failed
L abbout	No. 2 Shut-off Valve		Did Not Open		
Failed \square		By-pass used			
Repairs &		pass assumed			
Materials					
Used	. '				
				:	
Test After	Closed Tight [Closed Tight	Opened		
Repair & Assembly	psid	psid	atpsid	ок 🗌	ОК 🗌
	hown Above are Cert	ified to be True	X	itnesses to test & I	enection
inc Results of	Above are cert	_ /		tinesses to test of the	<u>ispection</u>
Certified Testers	Name PATICIKE	Sycke .	Name MARK	Rom Ain	Title Supi-visor
Certified Testers	Signature Values	Buk_	Representing PA	SSAIL VELLEY WA	711-
Certifying Autho	ority NEWW	· · · · · · · · · · · · · · · · · · ·	Name		Title
Cert. ID# 682	Expiration Da	te 1/13/103	Renresenting	•	



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

_	st 2 nd 3 rd	4 th	Physical Co	onnection Perm	it No. <u>0495</u>
4.	/1-6/30 7/1-9/30 10/1-	arter Quarter 12/31 1/1-3/31	approved valve.	is form is to be complete. It is to be mailed to the	Supplier of Water and
Date of T	Test <u>3 125 19</u>	<u>3</u>		rative Authority within rmed by a Certified Test	
•			kept at the facili	ty and be exhibited upon the Physical Connection	n request, and are to be
To:				Iame of Permit Holder)	Renewal Application.
			· · · · · · · · · · · · · · · · · · ·	•	HEAT TREATIN
		<u> </u>			
		· · ·		<u> </u>	
The back	flow prevention device	e identified below ha s certified to be in co			ed by N.J.A.C.
	Description of Valve	s certified to be in co	mphance with thi	Location of Valve	
Manufacturer	of Valve Wa	Hz		PELLERHEAT	
Model Numbe	r 909 QT	RPZ DCVA .	5WELL	CNGTON STR.	
Serial Number	: <u>38799</u>	Size Z in.	<u> </u>	ON 14.7. 07011	
Comments &	Notations		·		
			· · · · · · · · · · · · · · · · · · ·		
	PF	RESSURE TEST		INTERNAL I	NSPECTION
•		RESSURE ZONE AS	SEMBLY	DOUBLE CH	
	DOUBLE CHI			ASSEN	
Initial Test	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check
initial Test	Closed Tight at 9 psid	Closed Tight at psid	Opened at 3.25 psid	ок 🗌	ок 🗌
Passed [Leaked	Leaked		Failed	Failed
- · · · ·	No. 2 Shut-off Valve	<u> </u>	Did Not Open	•	
Failed Repairs &	Leaked	By-pass used			
Materials					
Used					
Test After	Closed Tight	Closed Tight	Opened		
Repair & Assembly	psid	psid	atpsid	ок 🗌	ок 🗌
	hown Above are Cert	ified to be True.	<u>V</u>	itnesses to test & l	nspection
Certified Testers	Name PATERL I	Bucke 1	Name MARK	Rom AiN	Title Supi-usur
Certified Testers	Signature Patrick	Buch	Representing PA	SSAic Valley W	AT 1-
Certifying Author	ority NEWW		Name		Title
Cert. ID# 682	Z4 Expiration Da	te 1/13/103	Depresenting		

Rene Page	ewal Application 2 of 2 with mental and the property of the pr
1.	Certifications by Supplier of Water: On 3/05/03 The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test. Name of the Supplier of Water PASSAIC Valley Water Connection
-	Name Mark Ronain
	Signature Mad T. Rmain
2.	Certification by Local Administrative Authority: On/ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test. Name of Local Administrative Authority
	Name
	Title
	' Signature
}.	Certification by the Certified Tester:
	Name of Firm CHM Plumbing

<u>Instructions:</u> This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Applio	cant/Owner_ALFRED	HELLERHE	ATTRI	EATING	·
Perma	nent Legal Address 54	VELLINGTON	1 57720	CT.	
•	COWN_CLIFTON		···.	State N.7.	Zip Code 0701/
Telepl	hone (973) 7724200			Fax Number (9	73,7720433
Conta	ct Person Name BOGDAN	MARINESC	U	Title <i>PL</i>	ant engineer
Signat	ture Mouriem	Zu-	· · · · · · · · · · · · · · · · · · ·	Date	3/24/03
Name	of Public Water System	PASSAIL	11 BILLY	WATH COMM	
	of Local Administrative A				<u> </u>
		LLINGTON			
	of Facility, if applicable_				TING
Addre	ss (Street/Road) SAA	TE AS ABO	VE		
	cipality CLIFTO			County	PASSATC
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Numb	er, Type(s), Size(s) and Lo	ocation(s) of Bacl	kflow Pre	eventor Valve(s) Perm	nitted:
	HERSEY SPAR	CLING 2"-	BUIL	DING 1, MODEL	* FRPIT
	HERSEY SPAR WATTS RP2,2	"-BUILDING	52, W	ODEL # 009-0	QTM2
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			•		
Records of	Quarterly Testing and A	nnual Internal l	nspectio	n; · · ·	
	• •	•	•		
	Witnessed By or Perform	ned on: (Enter D	ate - Indi	cate Result - Comme	ent Below)
Pressure Tests		Local Author		Certified Tester	
		Health or Plumbing	Inspector		•
1st Quarter	// OK		□ок		OK
4/1 – 6/31					
	-				
2 ^{ud} Quarter	/_ / OK	1 1	Пок	/ /	OK
7/1 - 9/30					Double Check Valve
					*Internal Inspection
3rd Quarter	1214102 XIOK			(2) (// (2) (7)	
10/1 – 12/31	12 14 102 XOK		□ок	1214102 Property	OK// OK
	Romain	•		CHIA Plumbing	
	PASSED & VALVES			-CITITIONY	
4th Quarter	3 /24/03 MOK		ОК	3124103	бк/ ок
1/1 - 3/31	WATE COMM -			PATRICK BUCKE	
	PASSIO, VALVES OK	·		CHM Plumbin	
					

^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)

	wal Application]	Permit No: <u>0459.</u>
Page 2	of 2		•	
1.	recommends that the Phys witnessing of the Quarterl Quarterly Physical Conne	applier of Water for the faci sical Connection Permit be by Pressure Tests and *An ection Test and Maintenanc of Prevention Device(s) were	lity named of the reverse si renewed for One Year and nual Internal Inspection or e Report forms for tests pre e functioning satisfactorily	Certifies that; through through receipt of the formed by a Certified
			Name	
			Title	
	•		Signature	•
2.	On <u>4//4/oo</u> The Lo hereby recommends that t witnessing of the Quarterl Physical Connection Test	the Physical Connection Perly Pressure Tests and *An and Maintenance Report force(s) were functioning sat	rmit be renewed for One Youal Internal Inspection or	
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			Title Plumb	ING INSPECTOR
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3.	form were functioning sat	y Certify that: The Backflorisfactorily at the time of the Plumbing & Back KLINTOWN Pd	e test.	ed on the reverse side for this

<u>Instructions:</u> This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.

Testers School NW/W

Certified Testers No. 6824 Testers Signature 4



Physical Connection Permit No. 0459

te of New Jersey

For Information Call: 112262 Permit No.

	APPROVAL FO	R	ration	ONMENTA - Bureau of Saf	e Drinkin	g Water	
	PLUMBING			26, Trenton, Nev			
	Date	Inspector	'ermit	- Renewal A	pplicati	on Form	:
[] Slab [] Rough			PEAT	TREATIN	G CO		
[] Water				TREET			
[] Gas				State N-	7. Z	ip Code 070	11
Mechanicat	②			Fax Numb	er (973) 7	72 -0 433	
Sewer DA	CK Place	7 9 4	Scu	Title	PLANT	ENGINEER	•
Other 1	EUT 6/3/01 X			•	nte 4/1		
J.C.C. F223 rev. 3/96)			. ;			Tt.	
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Location	on of Facility Swelc	CNGTON S	decit.				
Name	of Facility, if applicable	ALFRED H	ECCER	HEAT TRE	MING		
Addres	ss (Street/Road) JAME	AS ABOVE		•	<u> </u>		
Munic	ipality CLIFTON			Cour	ity PASS	SATC	
	•			*			<u>·</u>
Numbe HEA	er, Type(s), Size(s) and Lo	ocation(s) of Ba	ckflow Pre	eventor Valve(s)	Permitted # FRP	l: <i>ii</i>	
WAT	TS RPZ , 2" - BO	114A/NG 2	24001	214009	OT MO	<u>., </u>	
			, much	er # 00 /- 1	WI I/C	•	

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Pressure Tests:	Witnessed By or Perform Supplier of Water	Local Author	Date - Indi			elow)	<u> </u>
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^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4

CLIFTEN CITY CLERK CHFICE

05/65/00 8/52AM 01 00000: #0769 E: N

CLIFTON N AVENUE

AULDNO FEE 940.00 ERSEY 07013

CASA \$40.00.

UCC NEW DERSEY COMSTIRUCTEDER PERMIT

Date Issued 05/05/2000 Control 0 Permit 0 001502

IBENTIFICATION BLOCK 10.10 Lot. 1	Qual
Work Site Location 362 GETTY AVE (EMERGENCTY & EX	Contractor CHM PLURBING & HEATTRG
5 WELLINGTON Owner in Fee ALFRED HELLER HEAT TREATING CO	MGG 625 - 362 CONALTH (OM 1() -
Owner in Fee ALFRED HELLER HEAT TREATING CO Address 5 WELLINGTON ST CLIFTON, NJ 67811-	Telephone <u>(973)895-0736</u> Lic. No. or Bldns. Reg. No. 10971
Telephone (973)772-4266	tic. Mo. or Bldrs. Reg. Mo. 18971 Federal Emp. No. 13-6622176
Is hereby granted permission to perform the following work: [] BUTLDING	MAZARD ABATEMENT Building 6
NOTE: If construction does not commence within one (1) year or if construction ceases for a period of $\sin x$ (6) months, (1)	of date of issuance, for all qo his permit is void. Check No.
Estimated Cost of Work \$ 400	Cash X Collected By JS

U.C.C. F17# (rev. 3/96)

Construction Official



City of Clifton

DEPARTMENT OF PUBLIC WORKS BUREAU OF CODE ENFORCEMENT 900 CLIFTON AVENUE CLIFTON, NEW JERSEY 07013

DENNIS KOLANO CONSTRUCTION OFFICIAL

(973) 470-5809 FAX: (973) 470-061

Date:	4	-20	-00	

Dear owner:

Our records do not indicate that a permit was taken for a BACK FLO TEST installed at your address.

It is unlawful to install work without a proper permit and you might be subject to a penalty because of this.

Please have the proper person acquire a permit and schedule and inspection from this office 470-5809 to avoid being served a notice of violation.

You have 10 days to respond to this notice from the above date.

Very truly yours,

Sy Goldstern Plumbing Sub Code Official

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Rene Page 2	wal Application Permit No: 0459
Page 2	01.2
1.	Certifications by Supplier of Water: On// The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test. Name of the Supplier of Water Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.
	Name
	Title
	Signature
2.	Certification by Local Administrative Authority: On $4/14/00$ The Local Administrative Authority for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test. Name of Local Administrative Authority $CITY OCCURTON$, $N-J$
	Name of Local Administrative Authority Name
	Title Plumbing Inspector
	Signature_Speaktern
3.	Certification by the Certified Tester: On 4 1 14 00 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test. Name of Firm C HM Plumbing & Brockflow Fatelow Fatelow Birks

<u>Instructions:</u> This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.

Testers Name(s) PATRICK RUNKE

Certified Testers No. 6824 Testers Signature 4 Testers

Testers School NW/W



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

Physical Connection Permit - Renewal Application Form

Permanent Legal Address 5 WELLINGTON STREET CityTown CLIFTON State N.J. Zip Code C7C11 Telephone (73)772-4200 Contact Person Name BOGDAN MARINESCU Title PLANT ENGINEER Signature Date 4/14/00 Name of Public Water System PLSSATC Name of Facility, 5 wCTLCINGTON STREET Name of Facility, 5 wCTLCINGTON STREET Name of Facility, 6 applicable ALFRED HELLER HEATT REATING Address (Street/Road) AMME AS MROVE Municipality CLIFTON County PASSATC Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted: HERSEY SPARLING, 2" - 13 WILDING I. MOGREL AFRE II WATTS RP2 2" - BWILDING 2 MOGREL AFRE II WATTS RP2 2" - BWILDING 2 MOGREL AFRE II Wattersed By or Performed on: (Enter Date - Indicate Result - Comment Below) Pressure Tests: Supplier of Water Local Authority Realth or Plumbing Inspector "Quarter VI - 6/31 Realth or Plumbing Inspector "Quarter VI - 6/31 DOK JULIO DOK	Permanent Legal Address SWELLINGTON STREET City/Town CLIFTON State NJ. Zip Code C7011 Telephone (73)772 - 42CC FAX Number (73)772 - C 4.33 Total Person Name BOGDAN MARINESCU Title PLANT ENGINEER Signature Date 4/14/SS Name of Public Water System PLSSAT C. Name of Local Administrative Authority CITY OF CLIFTON Location of Facility SWELLINGTON STREET. Name of Facility SWELLINGTON STREET. Name of Facility I applicable AL FRED NECLER WEAT TREATING Address (StreetRoad) SATILE AS MESSEE Municipality CLIFTON County PASSATC Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted: ### HERSELY SPARLING, 2" - BULLDING L. WOODEL #FRP IT WATTS RP2, 2" - BULLDING 2. WOODEL # OOG - QT M2. **WATTS RP2, 2" - BULLDING 2. WOODEL # OOG - QT M2. **WATTS RP2, 2" - BULLDING 2. WOODEL # OOG - QT M2. **WATTS RP2, 2" - BULLDING 2. WOODEL # OOG - QT M2. **PROMITTED TO NOT THE STREET TO NOT THE STREET THE	Applica	ant/Owner ALFRE	D HELLER	HEAT	TREAT	7'N G	co.	
City/Town	State N.J. Zip Code @ 77011 Telephone (73)772 - 4226	Perman	ent Legal Address 5	WELLINGT	TON S	TREET			
Telephone (73)772-42CC Contact Person Name 36GBAN MARINESCY Title PANT ENGINEER Signature Date 4/14/66 Name of Public Water System PASSA'C Name of Public Water System PASSA'C Name of Facility Switcing Toke STREET Name of Facility Switcing Toke STREET Name of Facility if applicable ALTRED HELLER HEAT TREATING Address (Street/Road) JAME AS BROVE Municipality CLIFTON County PASSA'C Number, Type(s), Size(s) and Location(s) of Backflow Preventor Valve(s) Permitted: HERSEY SPARLING, 2" - BUILDING L, MODEL AFRE IT WATTS RP2 2" - BUILDING 2, MODEL AFRE IT WATTS RP2 2" - BUILDING 2, MODEL AFRE IT Health of Plumbing Inspector "Quarter 4/14100 OK 4/14100 POK 4/14100 OK	Telephone (773) 77 2 - 4 2 C						V.7.	Zii	Code 07011
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Witnessed By or Performed on: (Enter Date - Indicate Result - Comment Below) ressure Tests: Supplier of Water Local Authority Certified Tester Health or Plumbing Inspector R Quarter //1 - 6/31	Witnessed By or Performed on: (Enter Date - Indicate Result - Comment Below) ressure Tests: Supplier of Water Local Authority Health or Plumbing Inspector Guarter 1 - 6/31 Guarter 1 - 9/30	Pagards of C	Duontonir Tostina and	A 1 T 4 1	T 4.				
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Certified Tester Cord Cord Cord Cord Cord Cord Cord Cord	Quarter		Witnessed By or Perfe	ormed on: (Enter l	Doto Indi	aata Dagult	Commun	4 D	1
Health or Plumbing Inspector	Health or Plumbing Inspector	ressure Tests:	Supplier of Water					ent Be	low)
Quarter	Quarter		Supplier of Water		•	Certified	rester		
	1 - 6/31	it Quarter	41/4100 00			12/14/	0018	OV/	
Double Check Valve	Double Check Valve	- 1	7,17,00 [] OF	7/1/100	Gor	- The			,
Double Check Valve	Double Check Valve			,		- + avic	CROUNT.	<u>yu</u>	
Double Check Valve	Double Check Valve								
Columbia	Compared		/ Ok	//	ОК	//		OK	•
Quarter	Quarter	1 - 9/30					·		
0/1 – 12/31	Quarter / OK / / OK / / OK / / OC OK / / OC OC OC OC OC OC O								*Internal Inspection
0/1 – 12/31 OK/ OK/ OK/ OK/ OK/ OK/	Quarter / OK / / OK / / OK / / OC OK / / OC OC OC OC OC OC O	d Quarter	/ / □ OK	1 1	□ OK	., ,		OK	/ / 🗆
	Quarter/ OK/ OK/ OK/ OK/	_		` ` ' - ' '		''-	<u> </u>	OK	// UK
							······································		
		10							
11 – 3/31	1 – 3/31		/ OK	/	ОК	<u> </u>		ок	// OK
\mathbf{I}		1-3/31							· · · · · · · · · · · · · · · · · · ·
		^h Quarter			ОК			 ОК 	

^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT BUREAU OF SAFE DRINKING WATER

Quarterly Physical Connection Test and Maintenance Report

1st V QUARTER 4-2/6-30	2nd 3rd QUARTER QUARTER 7-2/9-30 10-1/		INITIAL TEST	APRI///	4 100 of Test	
(Please IIII of	al Connection Perm ut one form for each dev CI+4 SF CI TER PUNVEYOR	ice)	and TO:	Н АЦТНОЯІТУ		
	Connection Section					
and is certified	prevention device her to comply with these	eon nas been test rules and regulat	ed and maintained a ions	as required by N.J.	A.C. 7:10-10.1 et ser	
Make of De Model Nurr Serial Num	evice <u>HERSEY</u>	_	size	2" DINCH FRED HELL FACILITY NAME JG TON ST	FR HEATTREA	
Type of Dev	vice DC	V RP	ClifTON	APPRESS 07	011	
	PRESSURE TEST			INTERNAL INSPECTION		
3,		ced Pressure Devi	Double Check Devices			
·~	Double Check Devices Relief Valve 1st check 2nd check			1st check 2nd check		
Initial Test	DC-Closed Tight RP-6 psid Leaked	Closed Tight Leaked SHUTOFF VALVE #: Tight Leaked Bypass used	Opened at	OK	OK	
Repairs and Materials Used		5-10-10-10-10-10-10-10-10-10-10-10-10-10-				
	DC-Closed Tight RPpsid	Closed Tight	Opened at psid	DC-Closed Tight	Closed Tight	
_305 C	Plumbing & Back ONKLINTOWN Rd ADDRESS LAMBE PATRICKT TYPE OR PRINT SIGNATURE EXPIRATION	RINGWOOD SURKE	Health PRINT NAME SIGNATURE PRINT NAME	NESSING AUTHORITY 20405TERN elelstern	(ies) pumbing INSPECTOR	
1 22 1 2 2 2 2 2 1 1 40,	6824 Date	11-02	SIGNATURE			

PURCHASE ORDER

ALFRED HELLER HEAT TREATING CO.

HEAT TREATING SPECIALISTS 5 WELLINGTON STREET

P.O. BOX 330 CLIFTON, N.J. 07011



Purchase Order No. 0/445 HM PLUMBING SHIP TO: Dame as above

1/14/00	LI/14/00 TERMS F.O.B. SHIP VIA	DEPT.	CONNECTORS F	FOR OUR F USE RE
QUANTITY	DESCRIPTION		PRICE	AMOUNT
	Quarterly test for water intercou (city-well) for parunit applicati	uectors		
·	(city-well) for request applications	7		
Variate	÷	,		
-e-				
	•			
		!		
		!		

ALL CORRESPONDENCE, INVOICES AND materials; as well as environmental electrical and electromagnetic considerations PACKAGES. NOTIFY US IMMEDIATELY Applicable to the country of manufacture and sale and proof is kept at supplier facility.

BY DATE SPECIFIED.

Purchaser maintains the right to audit the supplier to assure the quality of the product Seing purchased.



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

					r	
	st 2nd 3rd	4 th	Physical Co	nnection Permit	No. <u>0459</u>	
	Quarter Quarter Quar /1-6/30 7/1-9/30 10/1-1	-		form is to be completed t is to be mailed to the S	I	
Date of 7	Test 6 105 10	<u>/</u>	Local Administra	tive Authority within 5 ned by a Certified Tester	Days of each test &	
1 ž			kept at the facility	y and be exhibited upon e Physical Connection R	request, and are to be	
To:	LITY OF CLIFT	DN	`	ame of Permit Holder)	- Contraction	
				- WellingTON.	FR HEAT TREATING	
	<u>·</u>			LIFTON NIT	07011	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The back	flow prevention device 7:10-10.6 and is	e identified below has s certified to be in cor			d by N.J.A.C.	
	Description of Valve			Location of Valve		
lanufacturer	of Valve WATTZ					
	er <u>009-07 162</u> r					
omments &	Notations	· .	-			
						
			•			
	PR	RESSURE TEST		INTERNAL IN	NSPECTION	
		RESSURE ZONE AS:	SEMBLY	DOUBLE CHECK VALVE		
,	DOUBLE CHI			ASSEM		
iai a I Mara	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check	
nitial Test	Closed Tight at & /4 psid	Closed Tight at psid	Opened at 4/2 psid	OK 🗆	ок 🗇	
assed	Leaked	Leaked		Failed	Failed _	
	No. 2 Shut-off Valve	• =	Did Not Open			
ailed	Leaked -	By-pass used			1	
epairs & Iaterials						
sed						
est After	Closed Tight	Closed Tight	Opened	/		
epair &	psid	psid	at psid	ок 🗆	ок	
ssembly				77.		
ne Kesuits s	Shown Above are Cer	nned to be I rue.	<u>w</u>	vitnesses to test & I	nspection Plum Bing	
erti <u>fied Teste</u> i	rs Name PATRICK	BORKE	Name 5 G	OLDSTERN	nspection flumbing Title OFF ICIAL	
afied Tester	rs Signature Latte	K Bufa	Representing		IFTON	
	nority NEWENG/4NO		Name Sey	oldstern	Title	
ert. ID# 6	824 Expiration Da	nte 11/31/02	Representing			



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

					e e
·. —	st 2nd 3rd	4 th	Physical Co	onnection Permi	t No. <u>0459</u>
Date of 7	Quarter Quarte	Quarter 12/31 1/1-3/31	Instructions: This approved valve. Local Administration perfor kept at the facilit submitted with the From: (N	s form is to be completed it is to be mailed to the ative Authority within med by a Certified Tested and be exhibited upon the Physical Connection I ame of Permit Holder) HERED HELLER WELLINGTON STATES	ed for each test of each Supplier of Water and 5 Days of each test & er. These forms shall be a request, and are to be Renewal Application.
		e identified below has is certified to be in co		regulation.	ed by N.J.A.C.
	Description of Valve			Location of Valve	
Manufacturer	of Valve HERSE	1 Sparling		As Above	
	er FRP III		/N Sho	P	· · · · · · · · · · · · · · · · · · ·
Serial Numbe	T 14/Pr	Size <u>Z." in.</u>			
Comments &	Notations				
			,		
			•		
. 9	PI	RESSURE TEST		\INTERNAL I	NSPECTION
e Mer			·.	1	
		RESSURE ZONE AS	SEMBLY	DOUBLE CH	
	DOUBLE CH		_	ASSEN	/ /
	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check
Initial Test	Closed Tight	Closed Tight	Opened	ок 🗆	ОК
D 1	at 6 psid	atpsid	at <u>کمر</u> psid		-/
Passed	Leaked	Leaked		Failed	Failed 🗌
	No. 2 Shut-off Valv	· ·	Did Not Open		\times
Failed	Leaked .	By-pass used			
Repairs &				. /	
Materials					
Used	·		•		
Test After	Closed Tight	Closed Tight	Opened		
Repair &	psid	psid	at psid	OK 🗆	ок 🗆
Assembly The Posults S	Shown Above are Cer	tified to be Torre		V:4	
The Results S	SHOWII ADOVE ARE CER	inieu to de 1 rue.	<u>y</u>	Vitnesses to test &]	PLUMBING
Certified Tester	s Name PATRICE T	RIDEKE 1	Name Sy Go	LDSTERN	Title OFFICIAL
	Col	1/12 11			
Ceaufied Tester	s Signature + Muc	1 Nuck	Representing	1y of Co	LIPSON, NJ
Certifying Auth	ority NE.W.W		Name Se Se	redstern	Title
				19 1 h	
Cert. ID# 6	824 Expiration D	ate 11,31,62	Representing	*	· ·

CLE DH CITY CLEEK OF IDE

05/05/00 8:52AM 0

F-000007 BUILDNG FEE

\$40.00 ERS

\$40.00

CLIFTON N AVENUE ERSEY 07013

Date Issued 05/05/2000 Control # Permit # 001502

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IUENTIFICATION Block 10.10 Lot 1	Qual
Work Site Location 362 GETTY AVE (EMERGENCTY & EX 5 WELLINGTON Owner in Fee ALFRED HELLER HEAT TREATING CO Address 5 WELLINGTON ST	Contractor CHM PLUMBING & HEATING Address 305 CONKLINTOWN RD RINGWOOD, NJ 07456— Telephone (973)835-0736
CLIFTON, NJ 07011- Telephone (973)772-4200	Lic. No. or Bldrs. Reg. No. 10971 Federal Emp. No. 13-6622178
Is hereby granted permission to perform the following work: [] BUILDING [X] PLUMBING [] LEAD HAZA [] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER (Subchapter 8 only) DESCRIPTION OF WORK: BACKFLOW PREVENTER TEST	Electrical 0 Plumbing 40 Fire Protection 0
	Elevator Devices 0 Other_ DCA Training Fee 0
NOTE: If construction does not commence within one (1) year of or if construction ceases for a period of six (6) months, this	
Construction Official 400 Construction Official 05/05/2000	Check No
U.C.C. F170 (rev. 3/96)	

CITY OF CLIFTON 900 CLIFTON AVENUE CLIFTON, NEW JERSEY 07013

UCC NEW JERSEY PLUMBING SUBCODE TECHNICAL SECTION

Date Received / /
Date Issued 05/05/2000
Control #
Permit # 001502

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING	D. TECHNICAL SITE DATA (List all fixtures.)	
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000 Block 10.10 Lot 1 Oual		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Work Site Location 362 GETTY AVE(EMERGENCTY & EX	NO. FIXTURE/EQUIPMENT	FEE (Office Use Only)
5 WELLINGTON	0 Water Closet	ő
Owner in Fee ALFRED HELLER HEAT TREATING CO	0 Urinal / Bidet	0
Address 5 WELLINGTON ST	0 Bath Tub	0
CLIFTON, NJ 07011-	0 Lavatory	0
Tele.( <u>973)835-0736</u> Fax ( <u>)</u>		G
Contractor CHM PLUMBING & HEATING	0 Floor Drain	6
Address 305 CONKLINTOWN RD	0 Sink	G G
RINGHOOD, NJ 07456-	0 Dishwasher	<u> </u>
Tele.( <u>973)835-0736</u>	O Drinking Fountain	0
Lic. No. or Bldrs. Reg. No. 10971	0 Washing Machine	0
Federal Emp. No. 13-6622178	0 Hose Bib	A
	Water Heater	
B. PLUMBING CHARACTERISTICS		
Use Group Present B Proposed B	@: Gas Piping	Δ.
Building Sewer Size [] Public Sewer [] Private Septic	Ø Steam Boiler	<u> </u>
Water Sewer Size [ ] Public Water [ ] Private Well	0 Hot Water Boiler	
Estimated Cost of Plumbing Work \$ 400	O Sewer Pump	<u> </u>
	0 Interceptor / Separator	9
JOB SUMMARY (Office Use Only)		<u> </u>
PLAN REVIEW INSPECTIONS Dates (Month/Day)		22
[] No Plans Required Type Failure Failure Approval Initial	6 Greasetrap	
Joint Plan Review Required: Slab	Sewer Connection	0
[] Bldg [] Elect Rough	Water Service Connection	0
[] Fire [] Elevator Water	0 Stacks	0
[ ] Plumb. Plans Approved Sewer	Other	<u> </u>
Date: Fixtures	Other	0
Approved By: Gas Equip.		
SUBCODE APPROVAL Gas Piping		
[] CO [] CA Solar		
	Administrative Surcharge	\$0
Approved By: TCO Date:	Paid [X] Check # Cash Minimum Fee	\$18
	Collected by:JSTOTAL FEE	\$40
CERTIFICATION IN LIEU OF CATH	DCA Training Fee	\$0
I hereby certify that I am the (agent of) owner of record and am authorized		
make this application and perform the work listed on this application.		
Signatum (Coubraches Co.)		A
Signature/Contractor Seal		
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant		U.C.C. F130 (rev. 3/96)

# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT BUREAU OF SAFE DRINKING WATER

Quarterly Physical Connection Test and Maintenance Report

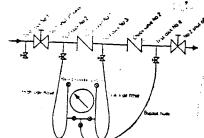
1st V QUARTER 4-2/6-30	2nd 3rd 3rd QUARTER QUAR 7-2/9-30 10-1/1	······································	INITIAL TEST	APRI / / /	4 100 of Test
(Please IIII of	al Connection Perm ut one form for each devi iTY OF CITY TER PURVEYOR	(ce)	nd TO:	Н АЦТНОВІТУ	
Attn: Physical	Connection Section				
The backflow p	prevention device her to comply with these	eon has been teste	ed and maintained a	as required by N.J	A.C. 7:10-10.1 et se
Make of De Model Num Serial Num Type of Dev	evice <u>War</u> aber <u>009</u> ber <u>38799</u>		size located at AL	ING TOW ST	
Type of Bet	PRESSURE TEST		CITTON	NJ 070	
	Reduce Double Check	ced Pressure Devices  2nd check	ces Relief Valve	Double Chec	
Initial Test	DC-Closed Tight  RP-8.75 psid  Leaked	Closed Tight Leaked SHUTOFF VALVE #2 Tight Leaked Bypass used	Opened at 3.25 psid	OK	OK
Repairs and Materials Used					
	DC-Closed Tight RPpsid	Closed Tight	Opened at	DC-Closed Tight	Closed Tight
305 C	ified to be true.  Pum. BACKFLOW  ONKLIN FOWN RO  ADDRESS  Jame PATEICK BI	RINGWOOD W	r wir Health Sy Co	NESSING AUTHORITY COLOSTERN	(lies) RUMBUN (INSPECTOR
Cert. Tester No.	SIGNATURE TYPE OR PRIN	vī \ \	Water PRINT NAME	, <b>3</b>	TITLE

## TEST PROCEDURES FOR DOUBLE CHECK VALVE ASSEMBLIES UTILIZING A DIFFERENTIAL PRESSURE GAUGE TEST KIT

- A. Close down stream shut-off valve; leave upstream shut-off valve open.
- B. Flush test cocks 2, 3 and 4 to remove debris and rust, etc.
- C. Close test kit high valve and low valve; leave vent valve open.
  - a) Test first check valve for minimum 1 psi static pressure drop.
    - 1. Connect high pressure hose to test cock # 2 and low pressure hose to test cock #3.
    - 2. Open test cocks #2 and #3.
    - 3. Slowly open test kit high valve to expell air and water through vent hose; close high valve
    - 4. Slowly open test kit low valve to expell air and water through vent hose; slowly close low valve and observe differential pressure gauge. (should read a minimum of 1 PSID)
  - b. Test second check valve for minimum 1 psi static pressure drop.
    - 1. (Close test cocks 2 and 3 from previous test and remove hoses.) Connect high pressure hose to test cock #3 and low pressure hose to test cock #4.
    - 2. Open test cocks #3 and #4.
    - 3. Repete steps 3 and 4 from above.

#### TEST CONCLUSION

- 1. Open downstream shut-off valve
- 2. Close test cocks
- 3. Remove hoses
- 4. Open all test kit valves and drain water from kit



## TEST PROCEDURE FOR R. P. DEVICES UTILIZING A DIFFERENTIAL PRESSURE GAUGE

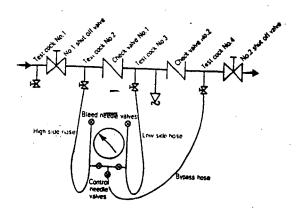
- A. Close No. 2 gate valve and observe relief valve for discharge of water. (Discharge indicates first check valve is not holding.)
- B. Flush test cocks 2, 3 and 4 to remove debris and rust, etc.
- C. Close test kit high valve and low valve; leave vent valve open.
  - a) Test first check valve for minimum 5 PSI static pressure drop.
    - 1. Connect high pressure hose to #2 test cock and low pressure hose to #3 test cock.
    - Open #2 test cock and #3 test cock.
    - 3. Slowly open high valve and bleed air and water through vent hose. Close high valve.
    - 4. Slowly open low valve and bleed air and water through vent hose. Close low valve and observe differential pressure on gauge (minimum 5 PSID).
  - b) To test second check valve for tightness against reverse flow:
    - 1. Connect vent hose to #4 test cock and turn on #4 test cock.
    - 2. Open high valve and observe gauge reading and relief valve for discharge.
    - 3. Differential pressure reading will drop slightly and then remain steady. If reading continues to drop (until the relief valve discharges), the second check valve is leaking.
  - c) To test gate valve #2 for tightness:
    - 1. Close #2 test cock if the pressure differential decreases (approaching zero) the #2 gate is reported to be leaking.
    - 2. Open #2 test cock.

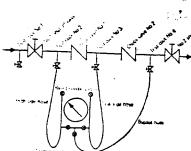
NOTE: If gate valve #2 is leaking, test "a" and test "b" are invalid. A jumper hose or another shut-off valve down stream of the device must be utilized.

- d) To test operation of the differential pressure relief valve:
  - 1. (Close vent valve, optional) High valve should be open.
  - 2. Very slowly open low valve until the differential gauge needle starts to drop. Note the pressure reading when the relief valve starts to discharge. This gauge reading must be at least 2 PSI.

#### TEST CONCLUSION

- 1. Open downstream gate valve.
- 2. Close all test cocks.
- 3. Remove all hoses from test cocks.
- 4. Open all test kit values and drain water from kit.





# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT BUREAU OF SAFE DRINKING WATER

Quarterly Physical Connection Test and Maintenance Report

(Please III O	2nd 3rd  QUARTER QUAR 7-2/9-30 10-1/1  al Connection Perm ut one form for each dev TY OF CLIFTON  ITER PURVEYOR	it No. 0459	INITIAL TEST  and TO: HEALT	DEC Date  Date	28 / 99 of Test
The backflow pand is certified  Make of De	evice HERSEY	eon has been test rules and regulat SPARLING	size <i>2"</i> located at	LIRED HELLE	I.A.C. 7:10-10.1 et seq
Serial Num Type of Dev	PRESSURE TEST	RP  ced Pressure Devi Devices 2nd check Closed Tight	CLITTON  CES  Relief Valve	1GTON ST	NSPECTION
Initial Test  Repairs and	RP7_psid Leaked	Leaked SHUTOFF VALVE #2 Tight Leaked Sypass used	Opened at 2.5 psid	Failed	Failed
Assembly	RPpsid	Closed Tight	Opened atpsid	DC-Closed Tight	Closed Tight
Firm CHM 305 C Certified Tester No.	Plumbing & BACKH  ONKLINTOWN Pd  ADDRESS  ATRICK  TYPE OR PAIN  SIGNATURE  SIGNATURE  TYPE OR PAIN  SIGNATURE  TYPE OR PAIN  TYPE OR PAIN  SIGNATURE  TYPE OR PAIN  SIGNATURE  TYPE OR PAIN  TYPE OR P	BurkE	Health PRINT NAME  Water SIGNAPURE SIGNATURE	NESSING AUTHORIT	TITLE  LUMBING SUB  CODE OFFICIA

#### NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT BUREAU OF SAFE DRINKING WATER CN 426, Trenton, New Jersey 08625-0426

## APPLICATION FOR ORIGINAL PHYSICAL CONNECTION PERMIT

						Dat	te _I	DEC /	27 - 199	
Application is here	ewith made	, pursuant to	the Provi	sions of I	V.J.A.C	7:10-10	).5(a _,	for a Ph	ysical Conn	 lection
Applied for by	ALFR	ED HELL	ER HER	7 Tre	PTIME	, Co	ı			
Mailing Address	_5	WELLING	TON 5-	,- -		CLIFTOI	 :/	NI	07011	
Located at		1004710		OX		Citt			ZIP	
Applicant's Name	BOGDAN	J MARIA	IESCU			, _	PAUTY Zan	T ENGI	ilee	
Telephone Numbe			TYPE		/ Fax	Numbe	r (97	3) 772	-04:33	
Owners Name and	i Address									
Owner of Public C	ommunity V	Vater System	IF DIFFEREN	T THAN APPLICAN	ĺΤ			`		
Local Health Autho						·				<del></del>
Source of Unappro							<del></del> -			
Unapproved Water				ation/			·			
Public Community										-
Actual Cross Conn			or/and	water syste	me ent				<del></del>	<del></del>
Type of Operation			HEL	Tes	1115 EIILE	era comm	ion bi	illdin <b>g</b>		
					_					
Type and Siz					rice(s	) and I	Bac	kflow P	reventor(s	<u>s)</u>
SERVICE		ACKFLOW P	REVENTO	R PRO	TECT	ED BY-P	ASS/	DETECT	OR CHECK	•
	Size 2 INCH	DCVA RPZ	Size	DC	0,	ize		BY-PAS		1
☑ Domestic S	Size	DCVA	Size			ize	井		OR BY-PASS	<u>}</u>
	2 INCH	RPZ	2 INCH	☐ RP	•	iZe i <b>ß</b> cн		BY-PASS DETECT	S OR BY-PASS	
☐ Domestic S	Size	☐ DCVA	Size	□ DC	VA Si	= ize		BY-PASS		$\exists$
	ize	☐ RPZ	INCH	☐ RP.		INCH			, OR BY-PASS	;
☐ Fire -	INCH	☐ DCVA☐ RPZ	Size INCH	□ DC	<b>-</b>	ze		BY-PASS		7
I hereby certify that the	nhysical			L RP		INCH		DETECT	OR BY-PASS	
I hereby certify that the and the Rules and Regu	pnysical conn Ilations promu	ection(s) insta Ilgated thereur	lled is(are) in ider by the Na	compliance w Jersev r	e with t	the provis	ion of	State Stat	utes,	
I further certify that, prid	or to the instal	lation of the pl	hydiaal aann		eparum	ent of Env	ironm	iental Prote	ection & Energy	<b>Y</b> -
I further certify that, pri of the owner of the publ device which has been I	lic potable wat	er supply and	the local plum	nbi <b>n</b> g sub-d	omplet ode off	ion of this icial <b>∮</b> or su	appli ≀çh _^ in	cation I se stallation a	cured the appr and for the type	·oval
		1, 1004	$g(U_1)$	DU 950 0	~	1.162	ioe	ng '		-
Applicant/Owners	s signature	APPLICANT	ELLER +	CENT TH	<del>-</del> /	<u> </u>	27	HODG	402	

#### NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT BUREAU OF SAFE DRINKING WATER CN 426, Trenton, New Jersey 08625-0426

## APPLICATION FOR ORIGINAL PHYSICAL CONNECTION PERMIT

· · · · · · · · · · · · · · · · · · ·		Date DEC   27   99
Application is herewith mad	e, pursuant to the Provisions of N.J.A.(	C.7:10-10.5(a) for a Physical Connectio
Applied for by HLFR	ED HELLER HEAT TREATING	Co.
Mailing Address <u>5</u> W	NAME OF FAI	FTON NJ 07011
Located at		CITY ZIP
Applicant's Name	DAN MARINESCII	MUNICIPALITY TO A TO
Telephone Number ( <u>973)</u>		Number (973) 772 -0433
Owners Name and Address	•	7.5 0 750
Owner of Public Community	IF DIFFERENT THAN APPLICANT  Water System	
Local Health Authority	City of CLIFTON	
Source of Unapproved Water		
Unapproved Water is Used fo	OF: PLANT OPERATION	:
Public Community Water is U		
Actual Cross Connection exis		
••	d at Premises HEAT TREATING	er a common building
	olic Community Water Service(s	s) and Backflow Proventer(a)
	DAOVELOUS DE LE COMME	
「Domestic Size		ED BY-PASS/DETECTOR CHECK  Size  BY-PASS
	PRPZ 2" INCH RPZ	DETECTOR BY-PASS
☐ Domestic Size ☐ Fire ☐ Noch	1 1 2	ize  BY-PASS
☐ Domestic Size	DOVA -:	DETECTOR BY-PASS
Fire INCH	☐ DCVA Size ☐ DCVA S	ize BY-PASS
☐ Domestic Size	DCVA Size	DETECTOR BY-PASS
Fire INCH	□ RPZ — INCH □ RPZ	ize
I hereby certify that the physical con and the Rules and Regulations prom	nection(s) installed is(are) in compliance with ulgated thereunder by the New JerseyDepartm	
of the owner of the public potable was device which has been installed.	allation of the physical connection(s) & complete ater supply and the local plumbing sub-code off	tion of this application I secured the approval
,	APPLICANT	ROBERT HODGSON

#### NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT BUREAU OF SAFE DRINKING WATER

Quarterly Physical Connection Test and Maintenance Report

TO:	al Connection Perm out one form for each dev DITY OF CLIFT ATEMPURVEYOR	vice)	nd TO:	TH AUTHORITY	
Attn: Physica	I Connection Section				
The backflow and is certified	prevention device he	reon has been test	ed and maintained	as required by N.	I.A.C. 7:10-10.1 et se
Make of De		Togular	size	,	
Model Nun	nber <u>009-0</u>	RT MZ		INCH U	e HENTTERATING
	ber <u>38799</u>			FACILITY NAME NGTON ST	- HEAT IZEATING
Type of De	vice DC	₩ RP	CLIFTON		
	PRESSURE TEST				
		ced Pressure Devi	000	INTERNAL II	/
	Double Chec		Relief Valve	Double Che	<del> /</del>
	1st check	2nd check	Tioner varve	1st check	2nd check
nitial Test	DC-Closed Tight	Closed Tight	Opened	OK	ok 🗍
	RP-9 psid	SHUTOFF VALVE #2	Opened at	Failed	Failed
	Leaked	Tight 🕡	3.5 psid		
		Leaked Bypass used			
lepairs and					
laterials Used					
· ].					
est	DC Classiff				
in the pair	DC-Closed Tight	Closed Tight	Opened at	DC-Closed Tight	Closed Tight
	RPpsid		psid		
above is cert	tified to be true.				
305 0	PLUMBING & BA	CKFLOW Pandlo	r Wil	NESSING AUTHORIT	Y(ies)
rtified Testor N	PATRICK B	KINGWOOD NJ	PRINT NAME		ITLE
Takuk	DUNKO TYPE OR PA	LIEKE	Water SIGNATURE	OLUSTERN	PLUMBING.
ert. Tester No.	SIGNATURE Expirati	00 /	MINTMAN	Colateril	Col E OFFICE

## NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY BUREAU OF SAFE DRINKING WATER

	APPLICAT	TION FOR RENEWAL OF A F	
		DATE	2/28/99
TO THE NEV	V JERSEY DEPARTMENT OF ENV		<i>'</i>
RENEWAL O	F PERMIT NO. 0495  PERATE A PHYSICAL CONNECTION  APPROVED WATER SUPPLY	DATED $3/31/$ DN(S) BETWEEN AN APPROVED P	S.A. 58:11-9.1 ET.SEQ,* FOR THE 99 TO MAINTAIN, UBLIC COMMUNITY WATER SYSTEM
		IONS - APPROVED PHYSIC PRESSURE TESTS	
	TESTS	MADE BY	
DATE /	PERSON	REPRESENTING	FINDINGS AND REPAIRS
12/28/99	PATERE BILLE	CHM Plumbing	BID REPAIRS + INSTAlle
			HEW ONE ALL TESTER
	<i>i</i>	INTERNAL INSPECTIONS	·
DATE	INSPECTIONS MADE BY		FINDINGS AND REPAIRS
	PERSON	REPRESENTING	FINDINGS AND REPAIRS
-28-99	Sy GOLDSTERN	City? CLIPETON	HERSEY WAS REPAIR  * WORKS PROPER L
			WAITS IS NEW UNIT
<del> </del>	<u> </u>		WORKS PROPERBLY
	WELEINGTON		ER HEAT TREATING CO.
. —			lau Marinesen
•		TITLE PO	LANT ENGINEER
DETERMINED	BOARD OF HEALTH OF	ON BY LOCAL BOARD OF H	HEREBY CERTIFIES THAT IT HAS
THE APPROV		ON BY LOCAL WATER AUT	HORITY
12	128199	<u> </u>	
	(0475)		

WATER COMPANY OR DEPARTMENT

BY Sy So

TITLE Phinburg Sulled of

* See excerpts from law on reverse side of this application.

	ALFRED HELLER HEAT TREATING CO.  5 WELLINGTON STREET P.O. BOX 330 CLIFTON, NJ 07011-0330  Onte DICCE	4663 1696 ^{55-150/212}
Ocarte American BRI Hudson	THE SUM 20 Interest IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS	Dollars 1 Series Marie
	Pront 0495 Rudolg	



#### NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

Permit No. 0495

Category	
PCR	

Billing Date 03/31/99

Due Date 05/31/99 Amount Due 200.00

#### KEEP THIS PORTION FOR YOUR RECORDS

PLEASE NOTE: Failure to pay this fee is a violation of the New Jersey Safe Drinking Water Act. Violators may be subject to civil penalties in accordance with N.J.S.A. 58:12A-10, of up to \$5,000.00 for each offense, each continuing day of the offense.

TYPE OF NOTICE

REGISTRATION PERIOD

EXPLANATION OF FEE: DESCRIPTION

**AMOUNT** 

RENEWAL

04/01/99 - 03/31/00

Annual Fee

200.00

YOTAL DUE

200.00

MESSAGES:

THIS IS YOUR PHYSICAL CONNECTION RENEWAL FEE INVOICE PURSUANT TO NJAC 7:10-15.

#### REMINDER:

- Please write the PERMIT NO. and INVOICE NO. on your check or money order.
- Return the BOTTOM PORTION of this INVOICE with your PAYMENT via the enclosed envelope.
- Please return your completed Application for Renewal of a Permit form (DWR-076) with your payment.

Send Billing Inquiries to:

or contact directly at:

NJDEP Water Supply Element Bureau of Safe Drinking Water CN 426

Trenton, NJ 08625-0426

(609)-292-5550

INVOICE NO. 990197410

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

DEPB1F R11/94

INVOICE NO. 990197410

Let's protect our earth

81

#### NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

Permit No. 0495

Category PCR

Billing Date 03/31/99

Due Date 05/31/99 Amount Due 200.00

If there are changes to your Mailing Name or Address, check this box and print the change on the back of this invoice.

DO NOT FOLD, BEND OR MARK

Enter the Amount of your Payment (1987)

Madadkaadkalkaalladdaaldaald ALFRED HELLER HEAT TREATING CO. ATTN: V.P. PLANT OPERATIONS PO BOX 330 CLIFTON NJ 07011-0330

RETURN THIS PORTION with

your check made payable to: TREASURER - STATE OF NEW JERSEY and mail to:

NJDEP BUREAU OF REVENUE TRENTON, NJ 08625-0417

101010101010101010101000040905111111000020000000799901974104814

DEP81B 3/93

## CHANGE OF MAILING ADDRESS INFORMATION

#### PLEASE PRINT

Business or Compa	ny Name :		7	
Care/Attention of	:			
Delivery Address	: A) PO Box	B) Rural Route	No.	BoxNo.
(,	C) Street Address	No.		ame
	D) Mail Stop	* *		
Other : (Optional)	Bldg Name/Number		Floor Numbe	•
	Room Name/Number		Suite Name/Numbe	r
Postal City:		State:	Zip Code	:

MARK ROMAN - imap. pers. 340-4300/4369 Friday - 2 PH,



Construction Code Enforcement

SY GOLDSTERN
PLUMBING SUB-CODE OFFICIAL

CITY OF CLIFTON (973) 470-5809 FAX (973) 470-0617

900 CLIFTON AVENUE CLIFTON, NJ 07013

# Series 009 MZ

Reduced Pressure Zone Backflow Preventers

Sizes: 1/4" thru 3"

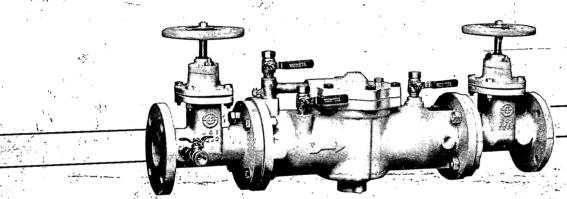
38799

- Installation
   Service
- Repair Kits Maintenance

For field testing procedure, send for IS-TK-DP/DL, IS-TK-9A. IS-TK-99E AND IS-TK-99D.

For other repair kits and service parts, send for PL-RP-BPD.

For technical assistance, contact your local Watts representative on back page.



Watte 000NRS 3"

#### **CALIFORNIA PROPOSITION 65 WARNING**

This product contains lead, a chemical known to the State of California to cause birth defects or other reproductive harm.

(Plumber: California law requires that this warning be given to the consumer.)

#### CONSUMER INFORMATION ABOUT CALIFORNIA PROPOSITION 65 WARNING

All faucets and products made of leaded brass alloys, even those that comply with U.S. Environmental Protection Agency regulations, contribute small amounts of lead to water that is allowed to stand in contact with the brass. This product complies with all E.F.A. regulations regarding the amount of lead used in plumbing brass and solder. The amount of lead contributed by any faucet/product is highest when the faucet/product is new.

The following steps will reduce potential exposure to lead from faucets and other parts of the

- Always run the water for a few seconds prior to use for drinking or cooking.
- · Use only cold water for drinking or cooking.
- If you wish to flush the entire plumbing system of water that has been standing
  in the pipes or other fittings, run the cold water until the temperature of the
  water drops, indicating water coming from the outside main.
- If you are concerned about lead in your water, have your water tested by an EPA-certified laboratory in your area.

"ATTN. INSTALLER: After installation, please leave this instruction sheet for occupant's information."

**IMPORTANT:** Inquire with governing authorities for local installation requirements.

**NOTE:** For <u>Australia</u> and <u>New Zealand</u>, line strainers should be installed between the upstream shutoff valve and the inlet of the backflow preventer.

Its important that this device be tested periodically in compliance with local codes, but at least once per year or more as service conditions warrant. If installed on a fire sprinkler system, all mechanical checks, such as alarm checks and backflow preventers, should be flow tested and inspected internally in accordance with NFPA 13 and NFPA 25.

LIMITED WARRANTY: Watts Regulator Company warrants each product against defects in material and workmanship for a period of one year from the date of original shipment. In the event of such defects within the warranty period, the Company will, at its option, replace or recondition the product without charge. This shall constitute the exclusive remedy for breach of warranty, and the Company shall not be responsible for any incidental or consequential damages, including without limitation, damages or other costs resulting from labor charges, delays, vandalism, negligence, fouling caused by foreign material, damage from adverse water conditions, chemicals, or any other circumstances over which the Company has no control. This warranty shall be invalidated by any abuse, misuse, misapplication or improper installation of the product. THE COMPANY MAKES NO OTHER WARRANTIES EXPRESS OR IMPLIED EXCEPT AS PROVIDED IN THIS LIMITED WARRANTY.



— Since 1874 — Watts Industries, Inc. — Water Products Division • Safety & Control Valves

## Basic Installation Instructions - 1/4" through 3"

#### Indoor Installation

For indoor installations, it is important that the assembly be easily accessible to facilitate testing and servicing. If it is located in a line close to wall, be sure the test cocks are easily accessible. A drain line and air gap (see ES-AG/EL) should be piped from the relief valve connection as shown, where evidence of discharge will be clearly visible and so that water damage will not occur. Therefore, never install in concealed locations.

## Outside, Above Ground Installation

In an area where freezing conditions do not occur, Series 009 can be installed outside. The most satisfactory installation is above ground and should be installed in this manner whenever possible. In an area where freezing conditions can occur. Series 009 should be installed above ground in an insulated enclosure. Series 009 must be installed in an accessible location to facilitate testing and servicing. A discharge line should be piped from the air gap at the relief valve connection making sure that there is adequate drainage. Never pipe the discharge line directly into a drainage ditch, sewer or sump. Series 009 should never be installed where any part of the unit could become submerged in standing water.

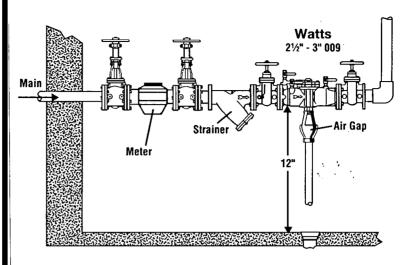
It is generally recommended that backflow preventers never be placed in pits unless absolutely necessary and then only when approved by local codes. In such cases, a modified pit installation is preferred.

#### Parallel Installation

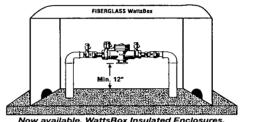
Two or more smaller size assemblies can be piped in parallel (when approved) to serve a large supply pipe main. This type of installation is employed where increased capacity is needed beyond that provided by a single valve and permits testing or servicing of an individual valve without shutting down the complete line. The number of assemblies used in parallel should be determined by the engineer's judgement based on the operating conditions of a specific installation.

For parallel valve installations, the total capacity of the assemblies should equal or exceed that required by the system.

#### Indoor Installation



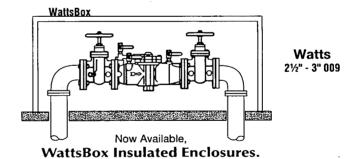
#### **Outdoor Installation**



Watts

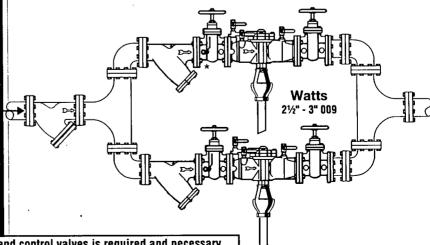
1/4" - 2" 009

Now available, WattsBox Insulated Enclosures, for more information, send for ES-WB or ES-WB-T.



#### **Parallel Installation**

For more information, send for ES-WB or ES-WB-T.



Annual inspection of all water system safety and control valves is required and necessary. Regular inspection, testing and cleaning assures maximum life and proper product function.

## Basic Installation Instructions - 1/4" through 3"

- A. Series 009 may be installed in a vertical or horizontal position. *When installed vertically, the direction of flow must be down. This positions the relief valve below the first check valve enabling the zone to drain through the relief valve outlet.
  - **Note: Shutoff Valves:** When shutoff valves are removed and reassembly is necessary, the shutoff valve with the test cock is to be mounted on the inlet side of the backflow preventer.
- B. The 009 should always be installed in an accessible location to facilitate testing and servicing (See page 2). Check the state and local codes to insure that the backflow preventer is installed in compliance, such as the proper height above the ground.
- **C.** We recommend a strainer be installed ahead of 009 series assemblies to protect the internal components from unnecessary fouling.
  - **Caution:** Do not install with strainer when backflow preventer is used on seldom-used water lines which are called upon only during emergencies, such as fire sprinkler lines.
  - **Start Up:** The downstream shut-off should be closed. Open upstream slowly and fill valve. When valve is filled, open the downstream shut-off slowly and fill the water supply system. This is necessary to avoid water hammer or shock damage.
- D. Water discharge from the relief valve should be vented in accordance with code requirements. The relief valve should never be solidly piped into a drainage ditch, sewer or sump. The discharge should be terminated approximately 12" above the ground or through an air gap piped to a floor drain.

#### **NOTE: Relief Valve Discharge Rates**

The installation of an air gap with the drain line terminating above a floor drain will handle any normal discharge or nuisance spitting through the relief valve. However, floor drain size may need to be designed to prevent water damage caused by a catastrophic failure condition. Please refer to Figure No. 1 for maximum relief valve discharge rates, size and capacity of typical floor drains.

**NOTE:** Do not reduce the size of the drain line from the air gap fitting. Pipe full line size.

- E. After initial installation, a discharge from the relief valve opening may occur due to inadequate initial flushing of pipe lines to eliminate dirt and pipe compounds. If flushing will not clear, remove the first check valve and clean thoroughly.
  - **NOTE:** Periodic relief valve discharge may occur on dead end service applications, such as boiler feed lines or cooling tower makeup lines due to fluctuating supply pressure during a static or no flow condition. To avoid this discharge, install a check valve ahead of the backflow assembly to "lock-in" the downstream pressure.
- **F.** Backflow preventers should never be placed in pits unless absolutely necessary and then only when and as approved by local codes. In such cases, provision should be made to always vent above flood level or for a pit drain to insure an adequate air gap below the relief port.
- G. It is important that Series 009 backflow preventers be inspected periodically for any discharge from the relief valve which will provide a visual indication of need for cleaning or repair of check valves. Also testing for proper operation of the device should be made periodically in compliance with local codes, but at least once a year or more often, depending upon system conditions. Send for IS-TK-9A, IS-TK-DP/DL, S-TK-99E and IS-TK-99D instruction manuals for test procedures.

Relief vent will discharge water when, during no-flow periods, (1) the first check valve is fouled or (2) the inlet pressure to the device drops sufficiently due to upstream pressure fluctuations to affect the required operating differential between the inlet pressure and reduced pressure zone. Other wise, such relief (spitting) can occur when the second check is fouled during emergency backflow or resulting from a water hammer condition. For trouble shooting guide send for S-TSG.

NOTE: Special considerations are necessary when testing assemblies installed on Fire Prevention Systems.

Fire Protection System Installations: The National Fire protection Agency (NFPA) Guidelines require a confirming flow test be conducted whenever a "main line" valve such as the shut-off valves or a backflow assembly have been operated. Certified testers of backflow assemblies must conduct this confirming test.

#### Watts 21/2" - 3" 009 with strainer

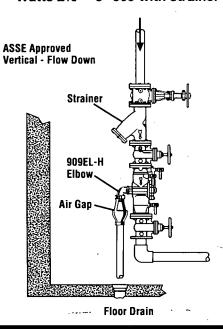
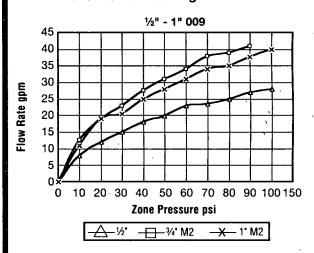
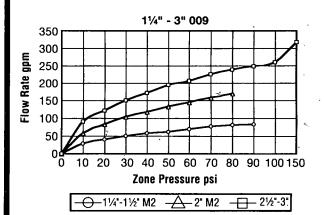


Figure 1
Relief Valve Discharge Rates

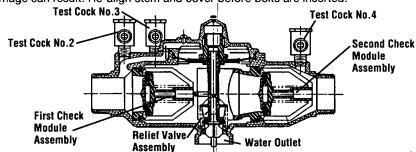


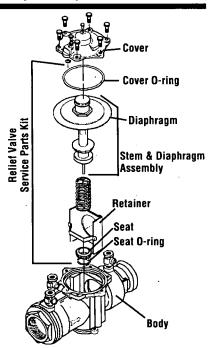


Typical Flow Rates as sized by floor drain manufacturers: 2" 55 GPM 5" 350 GPM 3" 112 GPM 6" 450 GPM 4" 170 GPM 8" 760 GPM

## Servicing the Relief Valve - 1/4", 3/8", 1/2", 3/4", 1", 11/4", 11/2" and 2"

- 1. Remove the relief valve cover bolts while holding the cover down.
- 2. Lift the cover straight off. The stem and diaphragm assembly will normally remain with the cover as it is removed. The relief valve spring will be free inside the body at this point.
- 3. The relief valve seat is located at the bottom of the body bore, and can be removed, if necessary, for cleaning. The disc can be cleaned without disassembly or the relief valve module. If it is determined that the relief valve diaphragm and/or disc should be replaced, the relief valve module can be readily disassembled without the use of special tools. **Note:** the disc rubber is molded into the disc holder and is supplied as a disc holder assembly.
- 4. To re-assemble the relief valve, press the seat firmly into place in the body, center the spring on the seat, and insert the cover and relief valve module as a unit straight into the bore. Press down on the cover to assure proper alignment. Insert and tighten bolts. Caution: If cover will not press flat against body, stem assembly is crooked and damage can result. Re-align stem and cover before bolts are inserted.





## Replacement Parts - 1/4", 3/8", 1/2", 3/4", 1", 11/4", 11/2" and 2"

1/4" - 1"

When ordering, specify Ordering Code Number, Kit number and Valve Size.

EDP No.	Kit No.	Size
Relief Valve Kits:		
887294	RK 009 VT	1/4", 3/8", 1/2"
887509	RK SS009 VT	1/2"
887002	RK 009M2 VT	3/4"
887520	RK SS009M2 VT	3/4"
888524	RK 009M3 VT	3/4"
887015	RK 009 VT	3/4" - 1"
887503	RK SS009 VT	1"
887785	RK 009M2 VT	1"

Kit consists of: Seat, Seat o-ring, Stem & diaphragm assembly, Stem o-ring, Cover o-ring and RV spring.

Relief Valve Rubber Parts Kits:			
887295	RK 009 RV	1/4", 3	
887510	RK SS009 RV	1	
886998	RK 009M2 RV	3	
887519	RK SS009M2 RV	3	
888523	RK 009M3 RV	3	
007101	DK 000 DV	3/, 8	

Kit consists of: Diaphragm, Disc assembly, Stem o-rings, Seat o-ring and Cover o-ring.

RK SS009 RV

**RK 009M2 RV** 

#### **Total Rubber Parts Kits:**

887529

887786

887297		RK 009 RT	1/4", 3/8", 1/2"
887511		RK SS009 RT	1/2"
886999		RK 009M2 RT	3/4"
887521	سنر	RK SS009M2 RT	3/4"
888526		RK 009M3 RT	3/4"
887182		RK 009 RT	3/4" - 1"
887530		RK SS009 RT	1"
887787		RK 009M2 RT	1"
			1

Kit consists of: Diaphragm, Two discs, Two disc assemblies, Stem o-rings, Cover o-ring, Two seat o-rings and RV seat o-ring.

#### Cover Kits:

887296	RK 009 C	1/4", 3/8", 1/2"
887500	RK SS009 C	1/2"
887004	RK 009M2 C	3/4"
887501	RK SS009M2 C	3/4"
888525	RK 009M3 C	3/4"
887013	RK 009 C	3/4"-1"
887502	RK SS009 C	1"
887788	RK 009M2 C	1"

Kit consists of: Cover and Cover o-ring.

11/4" - 2"

EDP No.	Kit No.	Size
Relief Valve Tota	al Kit:	
887307	RK 009M2 VT	11/4" - 11/2"
887277	RK 009M1 VT	11/4" - 2"
887016	RK 009 VT	11/4" - 2"
887545	RK 009M2 VT	2"

Kit consists of: RV assembly, Seat, Seat o-ring, Cover o-ring, Sensing passage o-ring and Upper stem o-ring.

#### **Relief Valve Rubber Parts Kit:**

887306 RK 009M2 RV 11/4" -	11/2"
887276 RK 009M1 RV 1¼" -	∙ 2"
887148 RK 009 RV 11/4" -	∙ 2"
887544 RK 009M2 RV 2"	

Kit consists of: Diaphragm, Seat o-ring, Cover o-ring and Sensing passage o-ring.

#### **Complete Rubber Parts Kit:**

887309	RK 009M2 RT	11/4" - 11/2"
887280	RK 009M1 RT	11/4" - 2"
887185	RK 009 RT	11/4" - 2"
887547	RK 009M2 RT	2"

Kit consists of: Two check assembly o-rings, Two disc assemblies, One cover o-ring, One RV diaphragm, One RV seat o-ring, One sensing passage o-ring, One diaphragm plate o-ring, One RV lower stem o-ring, One RV upper stem o-ring, One RV disc assembly and One bleed screw o-ring.

#### **Cover Kit:**

887308	RK 009M2 C	1¼" - 1½"
887278	RK 009M1 C	1¼" - 2"
887014	RK 009 C	1½ - 2"
887546	RK 009M2 C	2"

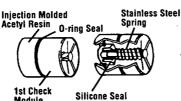
Kit consists of: Cover, Cover o-ring, Sensing passage o-ring, Bleed screw o-ring, Vent hood and Bleed screw.

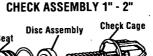
For additional information, contact your local technical sales representative, see back page.

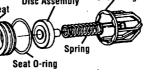
## Servicing First & Second Check Valves -1/4", 3/8", 1/2", 3/4", 1", 11/4", 11/2" and 2"

# CHECK ASSEMBLY 3/4" M3 O-ring Check Cage Seal Disc Spring

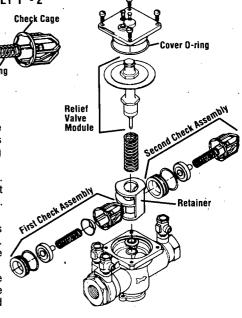
#### CHECK ASSEMBLY 1/4" - 3/4"







- Remove the retainer from the body bore. The check valve modules can now be removed from the valve by hand or with a screwdriver. Note: The seats and springs of the first and second check modules are not interchangeable. The heavier spring and smaller diameter seat belong with the first check module.
- 2. The check seats are attached to the cage with a bayonet type locking arrangement. Holding the cage in one hand, push the seat inward and rotate counter-clockwise against the cage. The seat, spring cage, spring and disc assembly are now individual components. Note: 3/4" M2 modules snap apart.
- 3. The disc assembly may now be cleaned and re-assembled or, depending on its condition, may be discarded and replaced with a new assembly from the repair kit. O-rings should be cleaned or replaced as necessary and lightly greased with the FDA approved grease. Refer to parts price list, PL-RP/BPD for more information.
- 4. Re-assemble the check valve modules. Check modules are installed in the valve body with the seat facing the valve inlet. The modules must be securely in place before the retainer can be replaced. On the ¾" size retainer may have to be tilted slightly into place. Replace relief valve assembly.



## Replacement Parts - 1/4", 3/8", 1/2", 3/4", 1", 11/4", 11/2" and 2"

1/4" - 1"

When ordering, specify Ordering Code Number, Kit Number and Valve Size.

EDP No.	Kit No.	Size
irst Check Kits:		
887291	RK 009 CK1	1/4", 3/8", 1/2"
887505	RK SS009 CK1	1/2"
887000	RK 009M2 CK1	3/4"
887515	RK SS009M2 CK1	3/4"
888520	RK 009M3 CK1	3/4"
887005	RK 009 CK1	3/4" - 1"
887009	RK 009 CK1SS	3/4" - 1"
887525	RK SS009 CK1	· 1"
887789	RK 009M2 CK1	1"

Kit consists of: Check assembly and Cover o-ring.

#### Second Check Kits:

			_
887292	RK 009 CK2	1/4", 3/8", 1/2"	
887506	RK SS009 CK2	1/2-	
887001	RK 009M2 CK2	3/4"	
887516	RK SS009M2 CK2	3/4"	
888521	RK 009M3 CK2	3/4"	
887007	RK 009 CK2	3/4" - 1"	
887011	RK 009 CK2SS	³ ⁄4" - 1"	
887526	RK SS009 CK2	1" -	
887790	RK 009M2 CK2	1"	

Kit consists of: Check assembly and Cover o-ring.

#### **Check Rubber Parts:**

Clieck Huppel	rails.		
887293	RK 009 RC3	1/4", 3/8", 1/2"	
887003	RK 009M2 RC3	3/4"	
888522	RK 009M3 RC3	3/4"	
887507	RK SS009 RC1	1/2"	
887517	RK SS009M2 RC1	3/4"	
887017	RK 009 RC1	³⁄4" - 1"	
887527	RK SS009 RC1	1"	
887791	RK 009M2 RC1	1"	
887508	RK SS009 RC2	1/2"	
887518	RK SS009M2 RC2	3/4"	
887180	RK 009 RC2	³⁄4" - 1"	
887528	RK SS009 RC2	1"	
887792	RK 009M2 RC2	1"	

Kit consists of: Disc, Cover o-ring and Seat o-ring.

#### Retainers

Retainers		
1047053	99AB47	1/4", 3/8", 1/2"
1047394	99BA47	3/4" M2-M3
1047001	99FA47	11/4" - 2"
1047001	99FA47	11/4" - 2" M1, 2" M2
1047401	99EA47	1¼" - 1½" M2

11/4" - 2"

. / -		
EDP No.	Kit No.	Size
First Check Kit:		
887300	RK 009M2 CK1	11/4" - 11/2"
887270	RK 009M1 CK1	1 1/4" - 2"
887006	RK 009 CK1	11/4" - 2"
887010	RK 009 CK1SS	11/4" - 2"
887272	RK 009MI CK1SS	11/4" - 2" '
887540	RK 009M2 CK1	2" `

Kit consists of: First check assembly, Cover o-ring and Sensing passage

#### **Second Check Kit:**

887301	RK 009M2 CK2	11/4" - 11/2"
887271	RK 009M1 CK2	11/4" - 2
887008	RK 009 CK2	1¼" - 2"
887012	RK 009 CK2SS	11/4" - 2"
887273	RK 009 M1 CK2SS	1¼" - 2"
887541	RK 009M2 CK2	2"

Kit consists of: Second check assembly, Cover o-ring and Sensing passage o-ring.

#### First Check Rubber Parts Kit:

887304	RK 009M2 RC1	11/4" - 11/2"
887274	RK 009M1 RC1	11/4" - 2"
887018	RK 009 RC1	1¼" - 2"
887542	RK 009M2 RC1	2"

Kit consists of: First check assembly o-ring, Disc holder assembly, Cover o-ring and Sensing passage o-ring.

#### **Second Check Rubber Parts Kit:**

887305	RK 009M2 RC2	11/4" - 11/2"
887275	· RK 009M1 RC2	11/4· - 2"
887183	RK 009 RC2	1¼" - 2"
887543	RK 009M2 RC2	2"

Kit consists of: Second check assembly o-ring, Disc holder assembly, Cover o-ring and Sensing passage o-ring.

Watts reserves the right to change or modify product design, construction, specifications, or materials without prior notice and without incurring any obligation to make such changes and modifications on Watts products previously or subsequently sold.

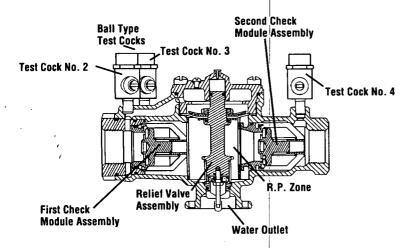
For additional information, contact your local technical sales representative, see back page.

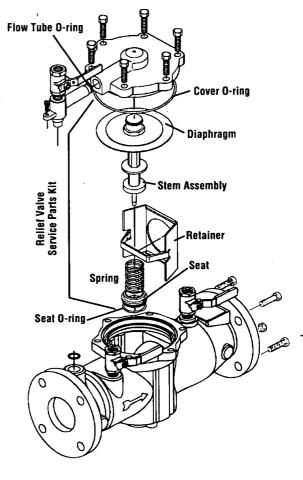
## Servicing the Relief Valve - 21/2" - 3"

- Remove the four or six relief valve cover bolts while holding the cover down.
- 2. Lift the cover straight off. The stem and diaphragm assembly will normally remain with the cover as it is removed. The relief valve spring will be free insidethe body at this point.
- 3. The relief valve seat is located at the bottom of the body bore, and can be removed, if necessary, for cleaning. The disc can be cleaned without disassembly of the relief valve module. If it is determined that the relief valve diaphragm and/or disc should be replaced, the relief valve module can be readily disassembled without the use of special tools. Note: The disc rubber is molded into the disc holder and is supplied as a disc holder assembly.
- 4. To reassemble the relief valve, press the seat firmly into place in the body, center the spring on the seat, and insert the cover and relief valve module as a unit straight into the bore. Press down on the cover to assure proper alignment. Insert and tighten bolts.

Caution: If cover will not press flat against body, stem assembly is crooked and damage can result. Realign stem and cover before bolts are inserted.

NOTE: No special tools required to service Series 009 2½" - 3".





## Replacement Parts - 21/2" - 3"

When ordering, specify Ordering Code Number, Kit number and Valve Size.

009 VT embly, Spring, Two	2½" - 3" o piston o-rings, Flow tub
embly, Spring, Two	o piston o-rings, Flow tub
rts Kit:	
09 RV	2½" - 3"

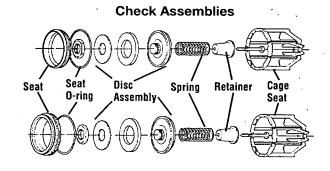
For additional information, contact your local technical sales representative, see back page.

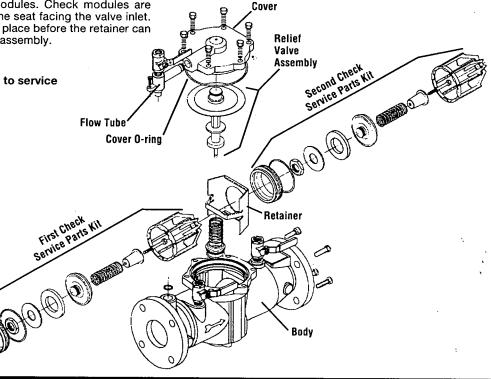
## Servicing First & Second Check Valves - 21/2" - 3"

- 1. Remove the relief valve assembly as outlined on page 5.
- 2. Remove the retainer from the body bore. The check valve modules can now be removed from the valve by hand or with a screwdriver. Note: The seats and springs of the first and second check modules are not interchangeable. The heavier spring and smaller diameter seat belong with the first check
- 3. The check seats are attached to the cage with a bayonet type locking arrangement. Holding the cage in one hand, push the seat inward and rotate counterclockwise against the cage. The seat, spring cage, spring and disc assembly are now individual components.
- 4. The disc assembly may now be cleaned and reassembled or, depending on its condition, may be discarded and replaced with a new assembly from the repair kit. O-rings should be cleaned or replaced as necessary and lightly greased with the FDA approved silicon grease. For more information refer to repair parts price list PL-RP-BPD.

5. Reassemble the check valve modules. Check modules are installed in the valve body with the seat facing the valve inlet. The modules must be securely in place before the retainer can be replaced. Replace relief valve assembly.

NOTE: No special tools required to service Series 009 21/2" - 3"





## Replacement Parts - 21/2" - 3"

When ordering, specify Ordering Code Number, Kit Number and Valve Size.

EDP No.

Total Rubber Parts: 887207

rings and Cover o-ring.

EDP No.	Kit No.	Size
First Check Kit:	:	
887019	RK 009 CK1	21/2" - 3"
Second Check K	it:	
887020	RK 009 CK2	21/2" - 3"
	k assembly, Cover o-ring	and Flow tube o-ring
First Check Rub	ber Parts Kit	
887281	RK 009 RC1	21/2" - 3"
Second Check R	ubber Parts Kit	
887205	RK 009 RC2	21/2" - 3"
Kit consists of: Disc,	Seat o-ring and Flow tube	O-ring.

Cover Kit:		
887282	RK 009 C	2½" - 3"
Kit consists of Co.	er, Cover o-ring and Flow	, to the end of the en
MIL CONSISTS OF COM	rei, Cover o-ring and Flow	v tube o-ring.
Seat Kit:	rer, cover o-ring and riow	v tube o-ring.

Kit consists of: Diaphragm, Two discs, Two molded disc assemblies, Two seat o-rings, RV o-ring, Two piston o-rings, RV stem o-ring, Flow tube o-

**RK 009 RT** 

Size

21/2" - 3"

Technical Assistance C	Call Your Authorized Watts Agent.	Telephone #	Fax #
HEADQUARTERS: Watts Regulator Company	815 Chestnut St., North Andover, MA 01845-6098 U.S.A.	978 688-1811	978 794-184
E. W. Leonard, Inc. Edwards, Platt & Deely, Inc. Edwards, Platt & Deely, Inc. Trayco Sales, Inc. W. P. Haney Co., Inc. WMS Sales, Inc. (Main office) WMS Sales, Inc. WMS Sales, Inc. WMS Sales, Inc. WMS Sales, Inc.	Ray Palmer Rd., P.O. Box 371, Moodus, CT 06469. 271 Royal Ave., Hawthorne, NJ 07506 368 Wyandanch Ave., North Babylon, NY 11703 11 Nottingham Rd., Lynnfield, MA 01940 51 Norfolk Ave., South Easton, MA 02375 9580 County Rd., Clarence Center, NY 14032 47 Caroúsel Lane, Baldwinsville, NY 13027 18 McMillen Place, Delmar, NY 12054 56 Winchester Dr., Fairport, NY 14450	860 873-8691 973 427-2898 516 253-0600 781 334-6078 508 238-2030 716 741-9575 315 635-6596 518 475-1017 716 223-7980	860 873-869 973 427-424 516 253-030 781 334-285 508 238-835 716 741-481 315 635-689 518 475-958 716 223-798
Smith & Stevenson Co., Inc. Billingsley & Associates, Inc. Billingsley & Associates, Inc. Francisco J. Ortiz & Co., Inc. Mid-America Marketing, Inc. Spotswood Associates Target Marketing Enterprises, Inc.	4935 Chastain Ave., Charlotte, NC 28217 5609-D Salmen St., Harahan, LA 70123 478 Cheyenne Lane, Madison, MS 39110 Charlyn Industrial Pk., Road 190 KM1.9 - Lot #8, Carolina, Puerto Rico 00983 2776 B.M. Montgomery St., Birmingham, AL 35209 6235 Atlantic Blvd., Norcross, GA 30071 118 West Grant St., Building M, Orlando, FL 32806	704 525-3388 504 733-7624 601 856-7565 787 769-0085 205 879-3469 770 447-1227 407 245-7838	704 525-674 504 733-690 601 856-839 787 750-512 205 870-502 770 263-689 407 245-783
RMI Vernon Bitzer Associates, Inc. Marketing Affiliates Marketing Affiliates Mid-America Marketing, Inc. Mid-America Marketing, Inc. J. B. O'Connor Company, Inc. The Joyce Agency, Inc.	Glenfield Bus. Ctr., 2535 Mechanicsville Tpk., Richmond, VA 23223 138 Railroad Dr., Northhampton Ind. Pk., Ivyland, PA 18974 107 Cypress St. SW, Reynoldsburg, OH 43068 4920 Commerce Parkway, Warrensville Hts., OH 44128 1364 Foster Avenue, Nashville, TN 37210 5466 Old Hwy. 78, Memphis, TN 38118 P.O. Box 12927, Pittsburgh, PA 15241 8442 Alban Rd., Springfield, VA 22150	804 643-7355 215 953-1400 740 927-6880 740 927-6880 615 259-9944 901 795-0045 724 745-5300 703 866-3111	804 643-738 215 953-125 740 927-454 740 927-454 615 259-511 901 795-039 724 745-742
Hugh M. Cunningham, Inc. Hugh M. Cunningham, Inc. Pro-Spec, Inc. Mack McClain & Associates Mack McClain & Associates, Inc. Mack McClain & Associates, Inc.	13755 Benchmark, Dallas, TX 75234 475 West 38th St, Houston, TX 77018 P.O. Box 472226, Tulsa, OK 74147-2226 5030 Northrup Ave., St. Louis, MO 63110 1537 Ohio St., Des Moines, IA 50314 15090 West 116th St., Olathe, KS 66062	972 888-3800 713 695-0495 918 461-0066 314 771-3699 515 288-0184 913 339-6677	972 888-383 713 692-899 918 461-010 314 771-353 515 288-504 913 339-951
Disney-McLane, Inc. Mid-Continent Marketing Services Ltd. Advance Industrial Marketing Ltd. Dave Watson Associates	428 McGregor, Cincinnati, OH 45206 1724 Armitage Ct., Addison, IL 60101 1606 Commerce Dr., Sun Prairie, WI 53590 1325 West Beecher, Adrian, MI 49221	513 861-1682 630 953-1211 608 837-5005 517 263-8988	513 487-53 630 953-10 608 837-23 517 263-23
Phoenix Marketing, Ltd. P I'R Sales, Inc. Delco Sales, Inc. R. C. Hartnett & Associates	3322 Columbia Dr. N.E., Albuquerque, NM 87107 3050 North San Marcos Place, Chandler, AZ 85224 2267 Yates Ave., Los Angeles, CA 90040 30852 Huntwood Ave., Hayward, CA 94544	505 883-7100 602 892-6000 323 890-9250 510 471-7200	505 883-71 602 892-60 323 724-52 510 471-44
Hollabaugh Brothers & Associates Hollabaugh Brothers & Associates R. E. Fitzpatrick Sales, Inc. Delco Sales, Inc. Fanning & Associates, Inc. Soderholm & Associates, Inc.	1260 6th Ave. South, Seattle, WA 98134-1308 3028 S.E. 17th Ave., Portland, OR 97202 16 East 8th Ave., Midvale, UT 84047 11 Sand Island Access Rd., Unit I-10, Honolulu, HI 96819 6765 Franklin St., Denver, CO 80229-7111 7150 143rd Ave. N.W., Anoka, MN 55303	206 467-0346 503 238-0313 801 566-7156 808 842-7900 303 289-4191 612 427-9635	206 467-83 503 235-28 801 566-49 808 842-92 303 286-90 612 427-56
Watts Industries (Canada) Inc. (Watts Regulator Co. Division) Hydro-Mechanical Sales Ltd: Hydro-Mechanical Sales Ltd. Hydro-Mechanical Sales Ltd. Le Groupe B.G.T. Inc. Walmar Mar-Win Agencies Ltd. Mech-Mart Northern Mechanical Sales RAM Mechanical Marketing RAM Mechanical Marketing Currie Agencies Ltd.	5435 North Service Road, Burlington, Ontario L7L 5H7 3700 Joseph Howe Dr., Ste. 1 Halifax, Nova Scotia B3L 4H4 297 Collishaw St., Ste. 7 (shipping) Moncton, New Brunswick E1C 8M7 8 Torngat Cr., St. John's, Newfoundland A1E 5W6 2800 Rue Dalton Ste. 3, Parc Colbert, St-Foy, Quebec G1P 3S4 175 Merizzi, Ville St. Laurent, Quebec H4T 1Y3 24 Gurdwara Rd., Nepean, Ontario K2E 8A2 1123 Empress St., Winnipeg, Manitoba R3E 3H1 107 Hamilton Rd., New Hamburg, Ontario N0B 2G0 P.O. Box 280 (mailing) 163 Pine St. (shipping), Garson, Ontario P3L 1S6 373 Quebec St. (shipping), Regina, Saskatchewan S4R 1K5 #13 - 1100 7th Ave. N. (shipping), Saskatoon, Saskatchewan S7K 2V9 P.O. Box 834 (mailing), Saskatoon, Saskatchewan S7K 3L7 7870 Express Street, Burnaby, B.C. V5A 1T4	905 332-4090 902 443-2274 506 859-1107 709 368-6884 418 657-2800 514 341-9010 613 225-9774 204 775-8194 519 662-2460 705 693-2715 306 525-1986 306 244-6622 604 420-6070	905 332-70 902 443-22 506 859-24 709 368-68 418 657-27 514 341-44 613 225-06 204 786-80 519 662-24 705 693-43 306 525-08 306 244-08 604 420-90
	E. W. Leonard, Inc. Edwards, Platt & Deely, Inc. Edwards, Platt & Deely, Inc. Trayco Sales, Inc. W. P. Haney Co., Inc. WMS Sales, Inc. Smith & Stevenson Co., Inc. Billingsley & Associates, Inc. Billingsley & Associates, Inc. Francisco J. Ortiz & Co., Inc. Mid-America Marketing, Inc. Spotswood Associates Target Marketing Enterprises, Inc. Marketing Affiliates Marketing Affiliates Mid-America Marketing, Inc. Mid-America Marketing, Inc. J. B. O'Connor Company, Inc. The Joyce Agency, Inc.  Hugh M. Cunningham, Inc. Hugh M. Cunningham, Inc. Hugh M. Cunningham, Inc. Pro-Spec, Inc. Mack McClain & Associates Mack McClain & Associates, Inc. Mack McClain & Associates, Inc.  Disney-McLane, Inc. Mid-Continent Marketing Services Ltd. Advance Industrial Marketing Ltd. Dave Watson Associates  Phoenix Marketing, Ltd. P I'R Sales, Inc. Delco Sales, Inc. R. C. Hartnett & Associates Hollabaugh Brothers & Associates Hollabaugh Brothers & Associates R. E. Fitzpatrick Sales, Inc. Delco Sales, Inc. R. C. Hartnett & Sales, Inc. Course Ball Condition of the Continual Sales Ltd. Hydro-Mechanical Sales Ltd. Hydro-Mechanical Sales Ltd. Hydro-Mechanical Sales Ltd. Le Groupe B.G.T. Inc. Walmar Mar-Win Agencies Ltd. Mech-Mart Northern Mechanical Marketing RAM Mechanical Marketing	E.W. Leonard, Inc. Edwards, Platt & Deely, Inc. Edwards, Platt & Deely, Inc. Tayco Sales, Inc. Tayco Sales, Inc. Whis Sales, Inc. WMS Sales, I	Haudbouwartens: Watts Regulator Company   815 Chestmut St., North Andover, MA 01845-6098 U.S.A.   978 688-1811







CHM

Plumbing Backflow And Cross Connection Control 305 Conklintown Rd. Ringwood NJ 07456 973/835-0736

CHM BACKFLOW AND CROSS CONNECTION CONTROL IS PRIVATELY OWNED COMPANY SERVING THE NEW JERSEY SINCE 1985. WE ARE DEDICATED TO THE PROTECTION OF SAFE DRINKING AFTER THROUGH THE ELIMINATION OF CONTAMINATION BY WAY OF CROSS CONNECTIONS AND BACKFLOW INCIDENTS.

WE OFFER A FULL LINE OF SERVICES IN A PROFESSIONAL, COST-EFFECTIVE MANNER. OUR SERVICES INCLUDE;

- CROSS CONNECTION PROGRAM DEVELOPMENT
- PROGRAM ADMINISTRATION AND ENFORCEMENT
- XC2TM CROSS CONNECTION AND CONTROL MANAGEMENT SOFTWARE.
- CONSULTING
- PLUMBING NJ MASTER PLUMBING LIC NO.10992
- TESTING NJ MASTER TESTER LIC NO. 6824
- INSTALLATION.
- TROUBLESHOOTING
- REPAIRS

YOUR BACKFLOW AND CROSS CONNECTION CONTROL CONCERNS ARE RESOLVED AS EASILY AS CALLING CHM BACK FLOW AND CROSS CONNECTION CONTROL.

PLEASE FEEL FREE TO CONTACT US AT OUR OFFICE OF 973/835-6227 OR AT OR E-MAIL ADDRESS CHM. P @ GATEWAY.NET.

Professional Services
Dedicated To The Protection Of Safe Drinking Water



## C H M PLUMBING AND BACKFLOW 305 CONKLINTOWN RD RINGWOOD NJ 07456 973/835-6227

<b>* * *</b>		***	***	***	***	***
	1,775.50	REF NO.	QTY	DESCRIPTION	PRICE EACH	TOTAL
Salesperson	PATRICK BURKE			DESCRIPTION OF BACKFL		
DATE OF		SER. NO.	*	1444		
INITIAL TEST	DECEMBER 20, 1999	MAKE OF	DEV.	HERSEY SPARLING	i i	
INVOOICED TO	ALFRED HELLER HEAT	MODEL NO	Ο.	6C		
	TREATING CO.	SIZE	ļ	2"		***************************************
	5 WELLINGTON STREET	***************************************				
	CLIFTON NJ 07011-0330	SER. NO.	İ		-	
	TEL:973/772-4200	MAKE OF	DEV.	HERSEY SPARLING	1.	
	FAX:973/772-0433	MODEL NO		FRP-2		
	CONTACT	SIZE		2"		
	BOGDAN MARINESCU	NOTES:		tested 2		
	PLANT ENGINEER	Mon Dec 2	n	backflow preventors and both	failed	
:		MOIT DCC 2	j	(1) 2" hersey FRP-2	i ialicu	
•••				(1) 2" HERSEY 6-C	-	
	•			tried to repair the FRP-2 but	l sould not will	
·····	~			order parts for both	250.00	
JOB LOCATION	ALFRED HELLER HEAT	Thur Dec 2	વ ∙	repair (1) 2" backflow prevent		
	TREATING CO	Thui Dec 2	· · · · · · · · · · · · · · · · · · ·	replaced 1st and 2nd check		
	5 WELLINGTON STREET			assemble and test		
	CLIFTON NJ 07011-0330				275.00	
CUSTOMER P.O.	6763			worked on 2" hersey backflow		
COSTOMEN F.O.	0703	Tue Dec 28	· · · · · · · · · · · · · · · · · · ·	model 6C could not repair	150.00	
		Tue Dec 26	)	install (1) 2" backflow prevent		
•				labor and material	750.00	
				tested 2 backflow preventors		
٠.	٧			with inspection	250.00	
BACKFLOW				د .		
DAGRILUSS	<del></del> .	1				
ł					ļ	***************************************
				,		
INITAIL TEST						
SER. NO.						
MAKE OF DEVICE						
MODEL NO.					]	
SIZE		,				
· .						
Diagon make of						
Please make check	s haðaule fo:			, 	SUBTOTAL 1	
PATRICK BURKE				Saies tax %	6%	100.50
305 CONKLINTOV	•			٠.		
RINGWOOD NJ 07	7456				PAYMENTS	
4				PLEASE PAY TH	IC AMOUNT	1,775.50

## C H M PLUMBING AND CROSS CONNECTION CONTROL 305 CONKLINTOWN RD RINGWOOD NJ 973/835-6227

		***	***	***		***	***
TOTAL DUE		REF NO.	QTY	DESCRIPT	TION_	PRICE EACH	TOTAL
Salesperson	PATRICK BURKE			DESCRIPȚION O	F BACKFLO	W	
•	:	SER NO.		1444			
Invoice date	DECEMBER 20, 1999	MAKE OF	DEVICE	HERSEY	SPARL	220	
		MODEL NO	 D.	60			
INVOICE TO	ALFRED AND HELLER	SIZE		2"			
	5 WELLINGTON					-	
	CLIFFTON NJ	SER NO.					
	CONTACT BOGDAN	MAKE OF	DEVICE			<u> </u>	·
	973/772-4200	MODEL NO					
		SIZE					
	<del> </del>					· ·	
	<del></del>	SER NO.				<del>                                     </del>	
	<del></del>	MAKE OF	DEVICE	FRP-	I	<del>                                     </del>	
•••		MODEL NO		150 751		<b>b</b>	
	•	SIZE		2"	****	-	
JOB LOCATION	ALFRED AND HELLER	_   0122		<del></del>			
30D EOOATION	5 WELLINGTON	SER. NO				-	
	CLIFFTON NJ	MAKE OF	DEVICE	<u> </u>			
	CONTACT BOGDAN	MODEL NO		<u> </u>		1	·
	973/772-4200	SIZE	<i>J</i>		*****		
	373772-200	_ <u> </u>					
•		SER. NO.					
		MAKE OF	DEVICE				
		MODEL NO	<del></del>	<u>.                                    </u>			
•••	*	SIZE	J	·			
•••		SIZE					
		SER. NO.					
BACKFLOW		MAKE OF	DEVICE				
REPAIR RECORD		MODEL NO		-	.,		
INITIAL TEST	Failed (2)	SIZE					
SER. NO.	TAINES (S)						
MAKE OF DEVICE				TESTED	Both	4 they	Follow
MODEL NO.	·	_		Both By			
SIZE		-			-	-//	
Time	330 To 6 PM	- <b>I</b>		SEAT+			MOTICED FT WAS
//	5 / 6 P/1/				KUDDE	9 4010	2 / 3/01
Please make check:	e nevehio to			BOD		CHOTOTAL	
PATRICK BURKE	o paydulv lv.				talac tay n	SUBTOTAL	
	N PD				Sales tax %		
305 CONLINTOWI					ənirrinü i	HANDLING	
RINGWOOD NJ 07	400					PAYMENTS	
				PLE	ase pay th	IS AMOUNT	

C H M
Plumbing Backflow And Cross Connection Control
305 Conklintown Rd. Ringwood NJ 07456 973/835-0736

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Professional Services
Dedicated To The Protection Of Safe Drinking Water





## State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE
PO BOX 417
TRENTON NJ 08646-0417

CHRISTINE TODD WHITMAN Governor

ROLAND M. MAC Acting State Treas

DATE: 1/4/49
ATTENTION – THE ATTACHED IS BEING RETURNED FOR THE FOLLOWING REASON(S):
( ) Check was not enclosed. Please submit a check in the amount of \$ payable to TREASURER, STATE OF NEW JERSEY.
( ) Incorrect amount was received. Please submit a check in the amount of \$
( ) The entire original invoice must be submitted with the required signatures.
( ) Insurance Coverage Verification Form is incomplete because:
( ) The required commercial general liability coverage must be reported.
() The chemical liability coverage required for work performed under categories 3A, 3B, 7A, and 7B must be reported.
( ) ALL sections of this form must be completed.
(+) Other: Un voice NO. 990197410 was paid on 4/20/99
If you have any questions concerning this matter, please contact Valerie Swan at (609) 777-1037.
Thank you.
•



#### Construction Code Enforcement

### SY GOLDSTERN PLUMBING SUB-CODE OFFICIAL

CITY OF CLIFTON (973) 470-5809 FAX (973) 470-0617

 900 CLIFTON AVENUE CLIFTON, NJ 07013



#### Construction Code Enforcement

Wed Dec. 22 99 3 20 PM. Interconnector text.

## SY GOLDSTERN PLUMBING SUB-CODE OFFICIAL

CITY-OF CLIFTON (973) 470-5809 /58/2. FAX (973) 470-0617

900 CLIFTON AVENUE CLIFTON, NJ 07013

BACKFLOW PREVENTOR PLUMBING & HEATING SEWER CLEANING NJ Master Plumber Lic. # 10971 Patrick Burke

973-835-0736 925-6227



## NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

Permit No. 0495

Category		
PCR		

Billing Date 03/31/99

Due Date 05/31/99

\$ 200.00

#### KEEP THIS PORTION FOR YOUR RECORDS

PLEASE NOTE: Failure to pay this fee is a violation of the New Jersey Safe Drinking Water Act. Violators may be subject to civil penalties in accordance with N.J.S.A. 58:12A-10, of up to \$5,000.00 for each offense, each continuing day of the offense.

TYPE OF NOTICE	REGISTRATION PERIOD	EXPLANATION OF FEE: DESCRIPTION		AMOUNT	
RENEWAL	04/01/99 - 03/31/00	Annual Fee	: \$	200.00	
		YOTAL DUE	\$	200.00	•
MESSAGES:	CONI FEE	S IS YOUR PHYSICAL NECTION RENEWAL INVOICE PURSUANT NJAC 7:10-15.			
-	4	•			
	the PERMIT NO. and INVOICE NO. BOTTOM PORTION of this INVOICE			e.	
	n your completed Application for I				
		· -			

Send Billing Inquiries to:

or contact directly at:

(609)-292-5550

INVOICE NO. 990197410 NJDEP Water Supply Element Bureau of Safe Drinking Water CN 426 Trenton, NJ 08625-0426

DEP81F R11/94

Let's protect our earth

81

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

INVOICE NO.

990197410

## NEW JERSEY SAFE DRINKING WATER ANNUAL PHYSICAL CONNECTION INVOICE

Permit No. 0495 Category PCR

Billing Date 03/31/99

Due Date 05/31/99

Amount Due \$ 200.00

If there are changes to your Mailing Name or Address, check this box 
and print the change on the back of this invoice.

DO NOT FOLD, BEND OR MARK

Enter the Amount of your Payment

200.00

#### RETURN THIS PORTION with

your check made payable to:

TREASURER - STATE OF NEW JERSEY and mail to:

NJDEP BUREAU OF REVENUE CN 417 TRENTON, NJ 08625-0417

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#### CITY OF CLIFTON 900 CLIFTON AVENUE CLIFTON, NEW JERSEY 07013

Date Issued 05/15/2000 Control # Permit # 001502

## UCC NEW JERSEY CERTIFICATE

#### **IDENTIFICATION**

Block 10.10 Lot 1 Qual	Home Warranty No.			
Work Site Location 362 GETTY AVE (EMERGENCTY & EX	Type of Warranty Plan: [] State [] Private			
5 WELLINGTON	Use Group B			
Owner in Fee/Occupant ALFRED HELLER HEAT TREATING CO	Maximum Live Load 0			
Address 5 WELLINGTON ST	Construction Classification			
CLIFTON, NJ 07011-	Maximum Occupancy Load 0			
Telephone(973)772-4200	Description of Work/Use:			
Contractor CHM PLUMBING & HEATING				
Address 305 CONKLINTOWN RD	BACKFLOW PREVENTER TEST			
RINGWOOD, NJ 07456-				
Telephone (973)835-0736 Fax ( )				
Lic. No. or Bldrs. Reg. No. 10971				
Federal Emp. No. 13-6622178				
[ ] CERTIFICATE OF OCCUPANCY	[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17			
This serves notice that said building or structure has been constructed in	This serves notice that based on written certification, lead abatement was			
accordance with the New Jersey Uniform Construction Code and is approved	performed as per HJAC 5:17, to the following extent:			
for occupancy.	[ ] Total removal of lead-based paint hazards in scope of work			
	[ ] Partial or limited time period ( years); see file			
[X] CERTIFICATE OF APPROVAL	[ ] CERTIFICATE OF CONTINUED OCCUPANCY			
This serves notice that the work completed has been constructed or installed in	This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.			
accordance with the New Jersey Uniform Construction Code and is approved.				
If the permit was issued for winor work, this certificate was based upon what				
was visible at the time of inspection.				
[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE	[ ] CERTIFICATE OF COMPLIANCE			
If this is a Temporary Certificate of Occupancy or Compliance, the following	This serves notice that said potentially hazardous equipment has been installed			
conditions must be met no later than, or the owner will be	and/or maintained in accordance with the New Jersey Uniform Construction			
subject to fine or order to vacate:	Code and is approved for use until			
• · · · · · · · · · · · · · · · · · · ·				
	Fee \$0			
	Paid [X] Check No. <u>Cash</u>			
James Holand	Collected by: JS			
CONSTRUCTION OFFICIAL	•			
U.C.C. F260 (Rev. 3/96)				



#### State of New Jersey

Christine Todd Whitman Governor

Department of Environmental Protection
Water Supply Administration Bureau of Safe Brinking Water
401 E. State Street – P.O. Box 426
Trenton, New Jersey 08625-0426
Tel# 609-292-5550 – Fax# 609-292-1654

Robert C. Shinn, Jr.

Commissioner

July 31, 2000

Bogdan Marinescu, Plant Engineer Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011

Re: Renewal of Physical Connection Permit # 0495

Dear Marinescu:

We have pleasure in enclosing herewith your Physical Connection Permit Renewal which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with the supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection if required and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely,

James R. Montgomery

Jumes R-Mo

Physical Connection Program Bureau of Safe Drinking Water

Enclosures: QPCTMR & PCR-076 cc: Passaic Valley Water Comm Clifton City Health Dept.



#### State of New Jersey

Christine Todd Whitman Governor

Department of Environmental Protection Water Supply Administration - Bureau of Safe Brinking Water

Robert C. Shinn, Jr.

Commissioner

#### **PERMIT**

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No. 0495	Issuance Date August 13, 1971	Effective Date April 1, 2000	Expiration Date March 31, 2001	
Name and Address of Applicant Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011		Location of Activity/Facility Clifton City, Passaic County / 5 Wellington St. Building 1 & 2		
		Type of Permit RENEWAL PHYSICAL CONNECTION	<b>Statute(s)</b> N.J.A.C. 7:10-10.1 et. seq.	

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received April 25, 2000.

Number, Type and Size of Backflow Preventor Valves Permitted- Two 2 inch RPZs Owner of Approved Public Water System- Passaic Valley Water Comm Local Administrative Authority- Clifton City Health Dept.

Source of Unapproved Water Supply- Private Well

This Permit is subject to the Following Specific Conditions:

- 1. The above listed valves shall be tested for tightness, under prevailing pressure conditions at least **once every three months**. N.J.A.C. 7:10-10.6. Seasonal facilities shall be tested upon opening and once every three months while in operation.
- 2. The above listed D.C.V.A. valves shall be disassembled and internally inspected for integrity of the internal mechanism annually, within six months prior to the submission of an application for permit renewal. N.J.A.C. 7:10-10.6(a)2. A Reduced Pressure Zone (RPZ) valve shall not be subject to the annual internal inspection except as provided in N.J.A.C. 7:10-10.6(a)4.
- 3. The owner of the facility where the physical connection exists shall either: Arrange for witnessing of these tests and annual internal inspection with a representative of the supplier of water and / or the local administrative authority, to be conducted by a representative of the owner. Or shall use a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department, as per N.J.A.C. 7:10-10.8(f). The supplier of water and the local administrative authority may require a representative be present to witness tests & inspections preformed by a certified tester.
- 4. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. Prior to expiration of this permit complete the Physical Connection Permit Renewal Application Form and submit it to the Department with all the Quarterly Test and Maintenance Report forms from the preceding permit year as per N.J.A.C. 7:10-10.5(b).

cc: Passaic Valley Water Comm Clifton City Health Dept.

Approved by the authority of:

Shing-Fu Hsueh, Ph.D., Administrator

Water Supply Element

Barker Hamill, Bureau Chief

The word permit means approval, certification, registration, etc.

#### This permit is subject to the following **GENERAL CONDITIONS**:

- 1. The permit is revocable, or subject to modification or change, at any time, when in the judgment of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary.
- 2. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.
- 3. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and said conditions.
- 4. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change, as per N.J.A.C. 7:10-10.7(a).
- 5. No modification to an approved physical connection installation listed in N.J.A.C 7:10-10.7(b) shall be made prior to submitting a written request and an application to modify the existing Physical Connection Permit.
- 6. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the Department of Environmental Protection or the State a party in any suit or question of ownership of property.
- 7. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.
- 8. A copy of this Permit and records of quarterly tests, maintenance and annual internal inspections shall be kept at the facility, and shall be exhibited upon request of any person.
- 9. In the examination of plans and/or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features.
- 10. For this permit to remain valid, each Physical Connection Installation Backflow Preventor Valve approved in this permit shall tested for tightness under prevailing conditions, internally inspected and maintained in accordance with N.J.A.C. 7:10-10.6.
- 11. Any approved Physical Connection Installation that fails a pressure test or internal inspection shall be repaired and retest within 30 days in accordance with N.J.A.C. 7:10-10.6(g). If the approved Physical Connection cannot be repaired it shall be replaced. The permit holder shall follow the Permit Modification Procedure outlined in N.J.A.C. 7:10-10.7.



## State of New Jersey

# DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

## Physical Connection Permit - Renewal Application Form

	nt/Owner						
Permane	ent Legal Add	ręss					
City/Tov	wn				State	Zij	Code
Telepho	ne ( )				Fax Number	( )	o Code
Contact Person Name					Title		
					•		
Name of	f Fublic Water	istrativa A			· · · · · · · · · · · · · · · · · · ·		
Name of		nstrative A	umority	· · · · · · · · · · · · · · · · · · ·	<u>aanantaana</u> ee	ALALIA COL	- 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Location	or facility	1: 1-1 -					****
Name of	i raciiity, ii af	pricable					
Address	(Street/Road)		· · ·				
Municip	ality				County		
	Witnessed By	ing and A	nnual Interna ned on: (Enter Local Autl	Il Inspection Date - Indinority	cate Result – Com		<del></del>
		<u> </u>	Health or Plumb	ing Inspector			
Quarter 6/31	//	OК		ок		□ ок ——	
Quarter - 9/30		ок 		ОК		□ ок 	Double Check Valve *Internal Inspection
Quarter 1 – 12/31		ОК		ОК	/	□ок	// □ ок
-							

^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4

2			
On _ recon witne Quar Teste	nmends that the Physical Cessing of the Quarterly Presterly Physical Connection	of Water for the facility of the connection Permit be renessure Tests and *Annual Test and Maintenance Reprention Device(s) were fur	named of the reverse side of this form hereby ewed for One Year and Certifies that; through Internal Inspection or through receipt of the port forms for tests preformed by a Certified nctioning satisfactorily at the time of the test.
			Name
			Title
			Signature
	ne of Local Administrative	<del>-</del>	Name
	•		Name
			Title
			Signature
On _ form Name	were functioning satisfacte e of Firm ress	tify that: The Backflow Prorily at the time of the test	
1 0000	ers Name(s)ers School		

<u>Instructions:</u> This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.



## NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

## Quarterly Physical Connection Test & Maintenance Report

•	1 st 2 nd 3 rd	٠ السمسا	Physical C	onnection Permit	No
Date of	Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarter Quarte	12/31 1/1-3/31	approved valve. Local Administr Inspection perfo kept at the facili	is form is to be complete It is to be mailed to the rative Authority within 5 rmed by a Certified Teste ty and be exhibited upon the Physical Connection F	Supplier of Water and Days of each test & These forms shall be request, and are to be
To:			From: ()	lame of Permit Holder)	
The bac	kflow prevention device	e identified below ha	s been tested and	inspected as require	ed by N.J.A.C.
		is certified to be in co	mpliance with thi		
	Description of Valve			<b>Location of Valve</b>	
Manufacture	r of Valve	DDZ T DCVA T			
Serial Numb	berer	RPZ DCVA in			
	k Notations		•		· · · · · · · · · · · · · · · · · · ·
		•			
	Pl	RESSURE TEST	<u> </u>	INTERNAL II	NSPECTION
		RESSURE ZONE AS	SEMBLY	DOUBLE CHI	
	DOUBLE CH	2 nd Check	Dallacazata	ASSEM 1 ST Check	
Initial Test			Relief Valve	<u> </u>	<u> </u>
Passed	atpsid Leaked	Leaked	Opened atpsid	OK	Failed
Failed	No. 2 Shut-off Valv	e Closed Tight  By-pass used	Did Not Open		
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tightpsid	Closed Tightpsid	Opened atpsid	ок 🗆	ок 🗆
	Shown Above are Cer	tified to be True.	V	Vitnesses to test & I	nspection
Certified Teste			 Name		Title
Certified Teste			Representing		
Certifying Aut	hority		Name		Title
Cert. ID#	Expiration D	ate //	Representing		•

# Test Procedure for Backflow Preventor Valve Assembly Set Up Procedure for Testing

- 1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. Note for Reduced Pressure Zone Valves: A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.
- 2. Flush test cocks Nos. 2, 3 & 4.

#### Reduced Pressure Zone Valve Assembly Test

# A) Test the first check valve for a minimum of 5 PSID of static pressure drop:

- 1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) <u>Slowly</u>.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

#### B) Test the second check valve for tightness against backpressure:

- 1. Connect vent hose to test cock #4.
- 2. Open test cock #4.
- 3. Open test kit high valve (A)... Slowly.
- Observe gauge and record on test form. Second check is tight
  if differential pressure drops slightly and hold steady. If
  pressure continues to drop until relief port discharges second
  check is leaking.

#### C) Test No. 2 shut-off valve for tightness:

- 1. Close test cock #2.
- 2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

# D) Test the operation of the differential pressure relief valve: Note: Relief valve must open at a minimum of 2PSID.

- 1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
- 2. Slowly open the test kit low valve (B) until the differential pressure begins to fall... Slowly.
- 3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

## 3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open. **Double Check Valve Assembly Test**

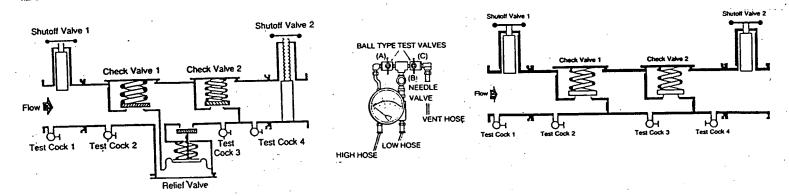
## A) Test the first check valve for a minimum of 1 PSID of static pressure drop:

- pressure drop:
  1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)
- B) Test the second check valve for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)
- 1. Connect high-pressure hose to test cock #3.
- 2. Connect low-pressure hose to test cock #4.
- 3. Open test cocks #3 & #4.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) <u>Slowly</u>.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

#### C) Test No. 2 shut-off valve for tightness:

- 1. Repeat procedure for test A.
- 2. Connect vent hose to test cock #4.
- 3. Open test cock #4.
- 4. Open test kit high valve (A) Slowly.
- Close test cock #2.
- 6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.





## State of New Hersey

Christine Todd Whitman Governor

Department of Environmental Protection Water Supply Administration Bureau of Safe Brinking Water 401 E. State Street - P.O. Box 426 Trenton, New Jersey 08625-0426 Tel# 609-292-5550 - Fax# 609-292-1654

Robert C. Shinn, Jr. Commissioner

July 31, 2000

Bogdan Marinescu, Plant Engineer Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011

Re: Renewal of Physical Connection Permit # 0495

Dear Marinescu:

We have pleasure in enclosing herewith your Physical Connection Permit Renewal which is being issued by this Department in accordance with the provisions of N.J.S.A. 58:12A-1 et seq., N.J.S.A. 58:11-9.1 et seq., and N.J.A.C. 7:10-10.1 et seq.

Your attention is particularly drawn to the expiration date and to the conditions with which you must comply before the next renewal can be effected. In connection with this, we direct you to make immediate arrangements with the supplier of water and the local administrative authority to witness the pressure test every three months and annual internal inspection if required and/or make arrangements with a certified tester who holds a valid backflow prevention device testers certificate, issued by a certifying agency approved by the Department, to perform these tests and inspections. A list of testers is available upon request.

To facilitate your recording the results of these tests and inspections, we are also enclosing copies of the Quarterly Test and Maintenance Report form, which must be completed for each test of each valve. Prior to the expiration date of this permit the Department will mail a Physical Connection Renewal Fee Invoice and Renewal Application Form, which must be submitted with the Quarterly Test and Maintenance forms from the preceding year. If you have any questions, you may call me at (609) 292-5550.

Sincerely.

James R. Montgomery

James R. Montgor

Physical Connection Program 

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Enclosures: QPCTMR & PCR-076

cc: Passaic Valley Water Comm

Clifton City Health Dept.



## State of New Jersey

Christine Todd Whitman Governor

Department of Environmental Protection

Water Supply Administration - Bureau of Safe Drinking Water

Robert C. Shinn, Jr. Commissioner

#### PERMIT'

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application, and applicable laws and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit.

Permit No. 0495	Issuance Date August 13, 1971	Effective Date April 1, 2000	Expiration Date March 31, 2001	
Name and Address of Applicant Alfred Heller Heat Treating Co. P.O. Box 330 Clifton, N.J. 07011		Location of Activity/Facility Clifton City, Passaic County / 5 Wellington St. Building 1 & 2		
		Type of Permit RENEWAL PHYSICAL CONNECTION	Statute(s) N.J.A.C. 7:10-10.1 et. seq.	

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received April 25, 2000.

Number, Type and Size of Backflow Preventor Valves Permitted- Two 2 inch RPZs Owner of Approved Public Water System- Passaic Valley Water Comm Local Administrative Authority- Clifton City Health Dept.

Source of Unapproved Water Supply- Private Well

This Permit is subject to the Following Specific Conditions:

- 1. The above listed valves shall be tested for tightness, under prevailing pressure conditions at least **once every three months**. N.J.A.C. 7:10-10.6. Seasonal facilities shall be tested upon opening and once every three months while in operation.
- 2. The above listed D.C.V.A. valves shall be disassembled and internally inspected for integrity of the internal mechanism annually, within six months prior to the submission of an application for permit renewal. N.J.A.C. 7:10-10.6(a)2. A Reduced Pressure Zone (RPZ) valve shall not be subject to the annual internal inspection except as provided in N.J.A.C. 7:10-10.6(a)4.
- 3. The owner of the facility where the physical connection exists shall either: Arrange for witnessing of these tests and annual internal inspection with a representative of the supplier of water and / or the local administrative authority, to be conducted by a representative of the owner. Or shall use a certified tester who holds a valid backflow prevention device testers certificate issued by a certifying agency approved by the Department, as per N.J.A.C. 7:10-10.8(f). The supplier of water and the local administrative authority may require a representative be present to witness tests & inspections preformed by a certified tester.
- 4. Upon completion of each test and inspection, the owner of the facility shall have the results and certifications of those present recorded on the Quarterly Test and Maintenance Report Form, and shall mail copies to the local administrative authority and supplier of water within 5 days of the test. Prior to expiration of this permit complete the Physical Connection Permit Renewal Application Form and submit it to the Department with all the Quarterly Test and Maintenance Report forms from the preceding permit year as per N.J.A.C. 7:10-10.5(b).

cc: Passaic Valley Water Comm Clifton City Health Dept.

Approved by the authority of:

Shing-Fu Hsueh, Ph.D., Administrator

Water Supply Element

Barker Hamill, Bureau Chief

The word permit means approval, certification, registration, etc.

#### This permit is subject to the following **GENERAL CONDITIONS**:

- 1. The permit is revocable, or subject to modification or change, at any time, when in the judgment of the New Jersey Department of Environmental Protection such revocation, modification or change shall be necessary.
- 2. The issuance of this permit shall not be deemed to affect in any way action by the New Jersey Department of Environmental Protection on any future application.
- 3. The works, facilities and/or activities shown by plans and/or other engineering data, which are this day approved, subject to the conditions herewith established, shall be constructed and/or executed in conformity with such plans and/or engineering data and said conditions.
- 4. No administrative change to an existing Physical Connection Permit shall be made without notifying the New Jersey Department of Environmental Protection within 14 days of such change, as per N.J.A.C. 7:10-10.7(a).
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- 6. The granting of this permit shall not be construed in any way to affect the title or ownership of property, and shall not make the Department of Environmental Protection or the State a party in any suit or question of ownership of property.
- 7. This permit does not waive the obtaining of Federal or other State or local Government consent when necessary. This permit is not valid and no work shall be undertaken until such time as all other required approvals and permits have been obtained.
- 8. A copy of this Permit and records of quarterly tests, maintenance and annual internal inspections shall be kept at the facility, and shall be exhibited upon request of any person.
- 9. In the examination of plans and/or other engineering data, the New Jersey Department of Environmental Protection does not examine the structural features of the design, such as thickness of concrete or its reinforcement, the efficiency of any electrical or mechanical equipment or apparatus; and the approval herewith given does not include these features.
- 10. For this permit to remain valid, each Physical Connection Installation Backflow Preventor Valve approved in this permit shall tested for tightness under prevailing conditions, internally inspected and maintained in accordance with N.J.A.C. 7:10-10.6.
- 11. Any approved Physical Connection Installation that fails a pressure test or internal inspection shall be repaired and retest within 30 days in accordance with N.J.A.C. 7:10-10.6(g). If the approved Physical Connection cannot be repaired it shall be replaced. The permit holder shall follow the Permit Modification Procedure outlined in N.J.A.C. 7:10-10.7.



# State of New Jersey DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

### Physical Connection Permit - Renewal Application Form

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^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)4

Renewal Application		Permit No:
Page 2 of 2		
1. Certifications by Supplier of	Water:	
· · · · · · · · · · · · · · · · · · ·	er of Water for the facility named of the reverse s	side of this form hereby
·————	Connection Permit be renewed for One Year and	·
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Tester that: The Backflow Pre	evention Device(s) were functioning satisfactoril	y at the time of the test.
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<u>Instructions:</u> This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.



# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

## Quarterly Physical Connection Test & Maintenance Report

	st 2 nd 3 rd		Physical Co	nnection Permit	No	
4	Quarter Quarter Qua /1-6/30 7/1-9/30 10/1-1 Γest / /	2/31 1/1-3/31	approved valve. I Local Administra Inspection perform kept at the facility	form is to be completed t is to be mailed to the S ative Authority within 5 med by a Certified Tester y and be exhibited upon e Physical Connection R	Supplier of Water and Days of each test & . These forms shall be request, and are to be	
To:	•		From: (Na	ame of Permit Holder)		
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The back	flow prevention device 7:10-10.6 and i	e identified below has s certified to be in cor			d by N.J.A.C.	
	Description of Valve			Location of Valve		
Manufacturer	of Valve					
Model Number	er	RPZ L DCVA L	· .			
Serial Number	r	Size <u>in.</u>				
Comments &	Notations					
			·			
	PR	RESSURE TEST	· · · · · · · · · · · · · · · · · · ·	INTERNAL IN	SPECTION	_
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Passed	Leaked	Leaked		Failed	Failed 🗌	
	No. 2 Shut-off Valve	Closed Tight	Did Not Open			
Failed	Leaked	By-pass used				
Repairs & Materials Used						
Test After	Closed Tight	Closed Tight	Opened			_
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# Test Procedure for Backflow Preventor Valve Assembly Set Up Procedure for Testing

- 1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. Note for Reduced Pressure Zone Valves: A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.
- 2. Flush test cocks Nos. 2, 3 & 4.

#### Reduced Pressure Zone Valve Assembly Test

- A) Test the first check valve for a minimum of 5 PSID of static pressure drop:
- 1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)
- B) Test the second check valve for tightness against backpressure:
- 1. Connect vent hose to test cock #4.
- 2. Open test cock #4.
- 3. Open test kit high valve (A)... Slowly.
- Observe gauge and record on test form. Second check is tight
  if differential pressure drops slightly and hold steady. If
  pressure continues to drop until relief port discharges second
  check is leaking.

#### C) Test No. 2 shut-off valve for tightness:

1. Close test cock #2.

3,6

2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

- D) Test the operation of the differential pressure relief valve: Note: Relief valve must open at a minimum of 2PSID.
- 1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
- 2. Slowly open the test kit low valve (B) until the differential pressure begins to fall... Slowly.
- 3. Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

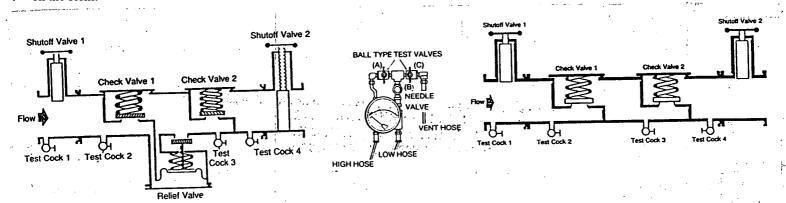
# 3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open. **Double Check Valve Assembly Test**

- A) Test the first check valve for a minimum of 1 PSID of static pressure drop:
- 1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) <u>Slowly</u>.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)
- B) Test the second check valve for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)
- 1. Connect high-pressure hose to test cock #3.
- 2. Connect low-pressure hose to test cock #4.
- 3. Open test cocks #3 & #4.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

#### C) Test No. 2 shut-off valve for tightness:

- 1. Repeat procedure for test A.
- 2. Connect vent hose to test cock #4.
- 3. Open test cock #4.
- 4. Open test kit high valve (A) Slowly.
- 5. Close test cock #2.
- 6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.



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# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

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# Test Procedure for Backflow Preventor Valve Assembly Set Up Procedure for Testing

- 1. Verify that upstream shut-off valve No. 1 is open, and there is water pressure. Close downstream shut-off valve No. 2. Note for Reduced Pressure Zone Valves: A discharge from the relief port indicates a leaking No. 1 check valve. If there is no discharge No. 1 check can be assumed to be holding tight.
- 2. Flush test cocks Nos. 2, 3 & 4.

#### Reduced Pressure Zone Valve Assembly Test

# A) Test the first check valve for a minimum of 5 PSID of static pressure drop:

- 1. Connect high-pressure hose to test cock #2.
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- Observe stable differential pressure on gauge and record on test form. (Must be 5 PSID Minimum)

#### B) Test the second check valve for tightness against backpressure:

- 1. Connect vent hose to test cock #4.
- 2. Open test cock #4.
- 3. Open test kit high valve (A)... Slowly.
- Observe gauge and record on test form. Second check is tight
  if differential pressure drops slightly and hold steady. If
  pressure continues to drop until relief port discharges second
  check is leaking.

#### C) Test No. 2 shut-off valve for tightness:

- 1. Close test cock-#2.
- 2. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.

# D) Test the operation of the differential pressure relief valve: Note: Relief valve must open at a minimum of 2PSID.

- 1. Open test cock #2, test kit high valve (A) shall remain open and close test kit vent valve (C).
- 2. Slowly open the test kit low valve (B) until the differential pressure begins to fall... Slowly.
- Observe the relief valve port for the first discharge of water and record the pressure differential on the gauge at this point on the form.

#### 3. Close Test Kit high valve (A) and low valve (B), leave vent valve (C) open.

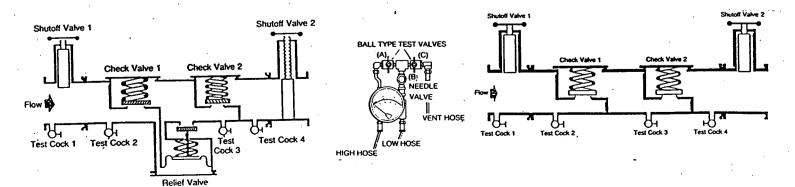
#### **Double Check Valve Assembly Test**

- A) Test the first check valve for a minimum of 1 PSID of static pressure drop:
- 1. Connect high-pressure hose to test cock #2.7 h
- 2. Connect low-pressure hose to test cock #3.
- 3. Open test cocks #2 & #3.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) <u>Slowly</u>.
- Observe-stable-differential-pressure-on-gauge-and-record-ontest form. (Must be 1 PSID Minimum)
- B) Test the second check valve for a minimum of 1 PSID static pressure drop: (close test cocks #2 & #3 and remove high & low-pressure hoses)
- 1. Connect high-pressure hose to test cock #3.
- 2. Connect low-pressure hose to test cock #4.
- 3. Open test cocks #3 & #4.
- 4. Open test kit high valve (A) and bleed air and water through vent hose... Close high valve (A).
- 5. Open test kit low valve (B) and bleed air and water through vent hose... Close low valve (B) Slowly.
- 6. Observe stable differential pressure on gauge and record on test form. (Must be 1 PSID Minimum)

#### C) Test No. 2 shut-off valve for tightness:

- 1. Repeat procedure for test A.
- 2. Connect vent hose to test cock #4.
- 3. Open test cock #4.
- 4. Open test kit high valve (A) Slowly.
- 5. Close test cock #2.
- 6. Observe gauge, if #2 shut-off valve is tight gauge will hold steady, if leaking the differential pressure will fall. Record result on form.

Note: If No. 2 shut-off valve is leaking tests A & B are invalid; since the valve is not in a static condition. Another shut-off valve downstream or a temporary by-pass from test cock #1 to test cock #4 must be utilized.



# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT BUREAU OF SAFE DRINKING WATER

Quarterly Physical Connection Test and Maintenance Ponert

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### NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT BUREAU OF SAFE DRINKING WATER

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## State of New Jersey

## DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

## Physical Connection Permit - Renewal Application Form

Applic	ant/Owner ALFRED					
Permai	nent Legal Address 5	WELLANGTO		~~~		
City/To	ownCLIFTON	, WELLING/O	N 2710			
Teleph	one (973) 772 4200			State	2	Cip Code 070//
Contac	t Person Name Rock	911 141 25 1 22		Fax Number	(973 <u>) 7</u>	720433
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^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)

	wal Application Permit No:
Page 2	of 2
1.	Certifications by Supplier of Water:  On// The Supplier of Water for the facility named of the reverse side of this form hereby recommends that the Physical Connection Permit be renewed for One Year and Certifies that; through witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of the Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test. Name of the Supplier of Water
	Nama
	Name
	Title
	Signature
	witnessing of the Quarterly Pressure Tests and *Annual Internal Inspection or through receipt of Quarterly Physical Connection Test and Maintenance Report forms for tests preformed by a Certified Tester that: The Backflow Prevention Device(s) were functioning satisfactorily at the time of the test.  Name of Local Administrative Authority  CITY OF CLIFTON
	Name Sy GOLDSTERN
	Name Sy Go4DSTERN  Title PLUMBING SUB CODE OFFICIAL  Signature Sy Substern  as per lat Burke Test 4-9-02
3.	Certification by the Certified Tester:  On 4/9/02 I Hereby Certify that: The Backflow Prevention Device(s) listed on the reverse side for this form were functioning satisfactorily at the time of the test.  Name of Firm _ C H N Plumbing
	Address 305 CONKUNTOWN Rd RINGWOOD NT Testers Name(s) PATRICK BUNKE Testers School NEWW Certified Testers No. 6824 Testers Signature Potuck Bunku
<del>.</del> .	
<u>Instr</u> comp	uctions: This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been leted with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for

each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.

Permit No:

#### **PURCHASE ORDER**

#### ALFRED HELLER HEAT TREATING CO. HEAT TREATING SPECIALISTS 5 WELLINGTON STREET P.O. BOX 330



13314

P.O. BOX 330 CLIFTON, N.J. 07011

TO: Cff	TO: CFPM PLUMBING				SHIP TO:	(Ore	u e as a	low	<b>T</b>
							***************************************		<u></u> .
13									
2/24/04	DATE REQUESTED TE	ERMS	F.O.B.	SHIP VIA	<u> </u>	DEPT.	everal Plant	FOR OUR USE	FOR RESALE
QUANTITY		DE	SCRIPTION				PRICE	АМО	UNT
	for pour	uspect wal Ph	2 back	flow po	reven u per	tors			
OUR ORDER NO	By acceptance of this pur satisfies all current govern naterials; as well as e applicable to the country	of mar ufacture an	ctrical and electronic sale and proof is	magnetic considerand haza magnetic considerand supplier factors.	ardous ations cility	//	3		
ALL CORRESPO PACKAGES. NO	NDENCE, INVOICES ANI TIFY US IMMEDIATELY SHIP ORDER COMPLETI	to audit the quality	ne supplier to ass of the product	BY_		Ma	under	<del>-</del>	

#### **PURCHASE ORDER**

### ALFRED HELLER HEAT TREATING CO. **HEAT TREATING SPECIALISTS 5 WELLINGTON STREET**



Purchase Order No.

11684

P.O. BOX 330 **CLIFTON, N.J. 07011** 

то: СНА	9 PLUMBING	7		SH	IIP TO:	<u>a</u>	aue as	alo ove	
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							· .		
DATE 12/10/03	12/10/03	MS F.O.B.	SH	IP VIA		DEPT.	ueral Plant	FOR OUR USE	FOR RESALE
QUANTITY		DESCRIPT	TION				PRICE	АМО	UNT
	Prefest au	ed test wi	the PV	\$\(Co	ww	•			
•	Prefest au for 2 50 and Bld	ckflow p	veveuto	rs Be	do,	/			
	and Bed	<u>2</u>							
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	naterials; as well as emails able to the country of	ironmental electrical	on restricted, toxic	and hazarde	วิยร				
OUR ORDER NUI ALL CORRESPON PACKAGES. NOT	PORTANT MBER MUST APPEAR ON IDENCE, INVOICES AND IFY US IMMEDIATELY SHIP ORDER COMPLETE	ruichaser mainta to audit the supp the quality of the p ceing purchased.	ans the right	ВУ	Ten in	<u></u>	launs	Zu.	



# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

<b>*</b>				and the second second	
1	st 2 nd 3 rd [	4 th	Physical Co	onnection Permi	No
4		arter Quarter 12/31 1/1-3/31	approved valve. Local Administr Inspection perforkept at the facili	is form is to be completed. It is to be mailed to the rative Authority within strength of the transfer of the complete to the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete	Supplier of Water and 5 Days of each test & cr. These forms shall be a request, and are to be
To:			From: (N	fame of Permit Holder)	
<del></del>		•	•		
		·			
			·		• .
The back	flow prevention devic 7:10-10.6 and i	e identified below ha s certified to be in co			ed by N.J.A.C.
	Description of Valve	<del>-</del>		Location of Valve	
Manutacturer Model Numbe	of Valve r	RPZ DCVA			
Serial Number					
	Notations	•			
			,		
	·			·	
	PR	RESSURE TEST	<u> </u>	INTERNAL I	NSPECTION
		RESSURE ZONE AS	SEMBLY	DOUBLE CHE	
	DOUBLE CHI			ASSEM	
f :4: -1. Tr4	1 ST Check	2 nd Check	Relief Valve	1 ST Check	2 ND Check
Initial Test	Closed Tight  at psid	Closed Tight  at psid	Opened atpsid	ок 🗌	ок 🗌
Passed	Leaked [	Leaked		Failed [	Failed
Called [	No. 2 Shut-off Valve	· <u>-</u>	Did Not Open		
Failed  Repairs &	Leaked	By-pass used	1		
Materials					·
Used					
Test After	Closed Tight	Closed Tight	Opened	,	
Repair & Assembly	psid psid	psidpsid	atpsid	ок 🗌	ок 🗌
The Results S	hown Above are Cert	ified to be True.	W	itnesses to test & II	<u>ispection</u>
Certified Testers	s Name		Name		Γitle
Certified Testers	Signature		Representing		
Certifying Autho	ority	·	Name		Title
Cert. ID#	Expiration Da	te / /	Representing		



# NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

	st 2 nd 3 rd	4 th	Physical C	onnection Permi	t No
		arter Quarter -12/31 1/1-3/31	approved valve. Local Administr Inspection performs kept at the facility	is form is to be complet It is to be mailed to the rative Authority within rmed by a Certified Test ty and be exhibited upo the Physical Connection	Supplier of Water and 5 Days of each test & er. These forms shall be n request, and are to be
To:		,	From: (N	ame of Permit Holder)	
The back	flow prevention device				ed by N.J.A.C.
• .		is certified to be in co	mpliance with this	Location of Valve	
	Description of Valve			Location of valve	•
Model Number	of Valveer	RPZ. DCVA	· .	· ·	
Serial Numbe	r	Size in.			
Comments &	Notations			•	
		<u>.                                    </u>			
	PI	RESSURE TEST		INTERNAL I	NSPECTION
	REDUCED PI	RESSURE ZONE AS	SEMBLY	DOUBLE CH	ECK VALVE
	DOUBLE CH	ECK VALVE		ASSEN	
,	1 ST Check	2 nd Check	Relief Valve	1ST Check	2 ND Check
Initial Test	Closed Tight	Closed Tight	Opened	ОК 🗌	ОК 🗌
	atpsid	atpsid	atpsid		
Passed	Leaked	Leaked		Failed	Failed [
F-11-4 -	No. 2 Shut-off Valv	· · ·	Did Not Open		·
Failed	Leaked	By-pass used			
Repairs & Materials					
Used				,	
Test After Repair &	Closed Tight	Closed Tight [	Opened	OTT.	
Assembly	psid	psid	atpsid	ок 🗌	OK
The Results S	hown Above are Cer	tified to be True.	<u> </u>	itnesses to test & I	nspection
•		•			- · · · · · · · · · · · · · · · · · · ·
Certified Tester	s Name		Name		Title
Certified Tester	s Signature	<del></del>	Representing		·
Certifying Auth	ority		Name		Title
,		*.			



## State of New Jersey

## DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

## Physical Connection Permit - Renewal Application Form

Permar City/To Teleph Contac Signatu	ant/Owner_nent Legal Address_own_one( ) t Person Name				Zip Code	
Teleph Contac	one ( ) t Person Name				Zip Code	
Contac Signatu	one ( ) t Person Name			<del></del> -		
Contac Signat	t Person Name			Fax Number (	)	
Signati				Title	7	<del></del>
Name o	ıre			Date		
• •	of Public Water System	1		•		
Name o	of Public Water System of Local Administrativ	e Authority				<del></del>
Locatio	on of Facilityof Facility, if applicables (Street/Road)	,				
Name o	of Facility, if applicabl	errora de la	•	-	:	
Addres	s (Street/Road)	•				
Munici	pality			County		
Records of (						
	Witnessed By or Perf	ormed on: (Enter	Date - Indie	cate Result – Comme	ent Below)	
Pressure Tests:	Supplier of Water	Local Auth		Certified Tester		
19.0		Health or Plumb			· ·	•
1 st Quarter 4/1 – 6/31					ок — —	
2 ^{ad} Quarter 7/1 – 9/30	/ 01	<	ок		OK Double Chec *Internal Ins	
3 rd Quarter , 10/1 – 12/31	//OI	<u> </u>	ОК		OK/_ /	_ Пок
4th Quarter 1/1 – 3/31	// OI		ОК		OK/_/	ок

^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)



### State of New Jersey

## DEPARTMENT OF ENVIRONMENTAL PROTECTION

Water Supply Administration - Bureau of Safe Drinking Water 401 East State Street - P. O. Box 426, Trenton, New Jersey 08625-0426

## Physical Connection Permit - Renewal Application Form

Applic	ant/Owner			
Perma	nent Legal Address	•		
· City/T	own		State Z	ip Code
Teleph	one ( )		Fax Number ( )_	
Contac	et Person Name		GC3* - 1	
Signati				
Name	of Public Water System		•	
Name	of Local Administrative	Authority		•
Location	on of Facility			
Name	of Facility, if applicable			
Addres	s (Street/Road)			
Munici	pality		County	
			ounty	
			eventor Valve(s) Permitted	
	Witnessed By or Perfor	med on: (Enter Date - Indi	cate Result – Comment Be	elow)
Pressure Tests:	Supplier of Water	Local Authority	Certified Tester	
		Health or Plumbing Inspector		
1" Quarter 4/1 – 6/31	//OK	//_ ОК	// ОК	
2 ^{ad} Quarter 7/1 – 9/30	// ок	//OK	/ ок	Double Check Valve *Internal Inspection
3 rd Quarter , 10/1 – 12/31	//OK	//OK	// ок	ОК
4 th Quarter 1/1 – 3/31	/ ОК	/OK	//ОК	/   ОК
			<u> </u>	

^{*} The Annual Internal Inspection is not required for Reduced Pressure Zone Valves except as provided by N.J.A.C. 7:10-10.6(a)

				•
1.	Certifications by Supplier of Water	er:		
44	On $\frac{12/10/03}{10}$ The Supplier of V	Water for the facili	ty named of the reverse side of this form hereby	
	recommends that the Physical Conn	ection Permit be re	newed for One Year and Certifies that through	
	witnessing of the Quarterly Pressure	Tests and *Annu	al Internal Inspection or through receipt of the	
	Quarterly Physical Connection Test	and Maintenance I	Report forms for tests preformed by a Cartified	
	Tester that: The Backflow Prevention	on Device(s) were	functioning satisfactorily at the time of the test.	
	Name of the Supplier of Water Pro	SSAI & VAlley	water comm	
			JAMES MONTGOMERY	
			Name Jam Montany	
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
			Title Seriar Wover Roquinen	<b>ノ</b>
		ž.		
			Signature James Workship	
2.	Configuration 1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
L.	Certification by Local Administrat	live Authority:		
	On / / The Local Admin	ustrative Authority	for the facility named of the reverse side of this	form
	vitnessing of the O	Connection Perm	it be renewed for One Year and Certifies that; thro	ough
	with essing of the Quarterly Pressure	Tests and *Annua	Il Internal Inspection on the and a co	
	Dhygical Compaction Tout 136	D C	al Internal Inspection or through receipt of Quart	erly
	Physical Connection Test and Mainte	enance Report form	is for tests preformed by a Certified Tester that. T	erly he
	Backflow Prevention Device(s) were	enance Report form functioning satisfa	is for tests preformed by a Certified Tester that. T	erly he
	Physical Connection Test and Mainte	enance Report form functioning satisfa	is for tests preformed by a Certified Tester that. T	erly he
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	Backflow Prevention Device(s) were	enance Report form functioning satisfa	as for tests preformed by a Certified Tester that: The tetorily at the time of the test.  Name	he he
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3.	Certification by the Certified Tester On /2/10/03 I Hereby Certify the form were functioning satisfactorily at Name of Firm CHMP Address 305 CONKINTESTERS Name(s) Patrick B Testers School NEWWA	r: at: The Backflow P t the time of the tes	Name  Signature  Signature  revention Device(s) listed on the reverse side for st.	he

Permit No: 0495

<u>Instructions:</u> This Form BSDW-PCR-076 is to be submitted after the Fourth Quarter Test and Inspection has been completed with: The Quarterly Physical Connection Test and Maintenance Report forms BSDW-QPCTMR, for each test of each approved valve, the Annual Physical Connection Fee Invoice and \$200.00 Fee.



(973) 340-4359 Fax (973) 340-3948

#### MARK ROMAIN SUPERVISOR WATER

PASSAIC VALLEY WATER COMMISSION 1525 MAIN AVENUE CLIFTON. NEW JERSEY 07011

#### **PURCHASE ORDER**

### ALFRED HELLER HEAT TREATING CO. **HEAT TREATING SPECIALISTS 5 WELLINGTON STREET**



40400

P.O. BOX 330 **CLIFTON, N.J. 07011** 

ro: <u>CH</u>	M Plumbin	NG		SHI	$\sim$	Purchase Order No	leave
			- -				
DATE 12/4/02	DATE REQUESTED	TERMS	F.O.B.	SHIP VIA	PL	aut.	FOR OUR FOR USE RESALE
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IN.	PORTANT						

OUR ORDER NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICES AND PACKAGES. NOTIFY US IMMEDIATELY IF UNABLE TO SHIP ORDER COMPLETE BY DATE SPECIFIED.

Purchaser maintains the rigr, to audit the supplier to assure the quality of the product reing purchased.

BY laureste

#### PASSAIC VALLEY WATER COMMISSION

2003 Water Quality Report

A USEPA regulation requires that all public water systems issue an annual Water Quality Report. The intent of this regulation is to inform consumers about the source and quality of their drinking water, and to assemble this information in an easy to read format. If you have any questions concerning the 2003 Water Quality Report, please call our Customer Service Department at (973) 340-4300.

Passaic Valley Water Commission (PWWC) is a major supplier of drinking water in Northern New Jersey. We treat and distribute drinking water that is ideally suited for residential and industrial use. Approximately 180 employees work at two sites and in mobile work crews to deliver top quality water to your home. Each day, approximately 750,000 people receive their water from PWWC. In order to serve them all, PWWC distributes approximately 83 million gallons of water per day.

PVWC's main facility is the Little Falls Water Treatment Plant located in Totowa, NJ. Water diverted from the Passaic and Pompton Rivers is treated, filtered and disinfected at the plant. Water from our Point View Reservoir in Wayne, NJ can also be used to supplement river sources. Treated water is then mixed at our main pumping station with treated water from the North Jersey District Water Supply Commission's Wanaque Reservoir treatment plant. Water is then pumped through underground pipes to the cities of Paterson, Clifton, Passaic, Prospect Park and Lodi. PVWC also supplies treated drinking water to certain large manufacturing companies, private water suppliers and 22 municipalities in Passaic, Bergen, Essex, Hudson and Morris Counties. Our on-site state certified laboratory monitors and tracks the quality of our source water treated water and water throughout the distribution system.

Our organizational structure. Under PVWC's charter, the member cities of Clifton and Passaic each appoint two commissioners to the governing board, and the city of Paterson appoints three. Commissioners are appointed for four-year terms, and collectively oversee the administration of PVWC. Open public Commission meetings are held monthly. For dates, times and location of these meetings, call our main office at (973) 340-4300.

Joseph A. Bella, Executive Director of PVWC, James Duprey, P.E., Director of Engineering, and Laura Cummings, P.E., Superintendent, contribute many years of experience in drinking water treatment, water distribution and utility administration. PVWC's highly skilled Water Quality Group consists of individuals with qualifications and experience in the areas of engineering, watershed management, analytical chemistry, microbiology, treatment processes, and regulatory issues.



Since 1996, PVWC has been proud to participate in the Partnership for Safe Water, a national volunteer initiative that utilizes self-assessment and review by independent water experts as a tool to optimize water treatment practices.

PVWC staff also participates in studies funded by the American Water Works Association Research Foundation (AwwaRF). This participation allows us to maintain a position of leadership in the latest advances in water treatment technology.

<u>PWWC building state-of-the-art treatment plant</u>. For the past 100 years, our Little Falls Water Treatment Plant has served us faithfully, providing fresh, safe drinking water. Disinfection of our water was instituted in 1918, a response to scientific studies showing that undisinfected water may contain certain harmful bacteria. It is well documented that disinfection of drinking water was a major factor in eliminating cholera and typhoid epidemics that were common 100 years ago.

More recent scientific research shows that the disinfection process itself may produce potentially harmful side effects. Disinfection by-

products can form as a result of a reaction between disinfectants and naturally occurring materials in surface water sources. In addition, scientists have found that certain disease-producing microorganisms are resistant to some disinfectants. The most common of these microorganisms is *Cryptosporidium*. If ingested, this microbe can cause discomfort to healthy people and serious illness in those who are very young, very old, or whose immune systems are compromised as the result of cancer treatment or disease.

Although Cryptosporidium has not been detected in PVWC finished water, we are aware of the potential for contamination from this and other pathogenic organisms. We are also working to reduce the levels of disinfection by-products produced by our current process. Furthermore, it is important that we remain in compliance with USEPA mandates. PVWC is nearing completion of construction of a state-of-the-art treatment plant that will continue to produce a product that meets or exceeds all USEPA drinking water requirements, including the reduction of disinfection by-product concentration and the elimination of disinfection-resistant microbes.

The new treatment plant will be located on the existing Little Falls Water Treatment Plant site and will utilize as much of the existing facility as possible. A team of specialists from Black & Veatch and Hatch Mott MacDonald, two of the foremost environmental consulting firms in the country, submitted the final design in the summer of 2001, and construction is well underway. One of our new processes is already on-line, and working well to further improve drinking water quality.

Capital improvements work for you. In addition to our current treatment plant upgrade, PWWC regularly undertakes capital improvement projects such as replacing outdated equipment, adding new water mains, and modernizing treatment control systems. These improvements allow us to keep pace with rapidly changing technology, maintain high water quality standards at low rates, and make sure we achieve federal, state and regional standards. Projects are financed by customer water charges, so PWWC makes certain that these improvements translate into superior service for you. Our focus is on QUALITY, RELIABILITY and RATES.

PVWC work crews are a common sight on local streets. Presently, our crews are working to replace valves in the system. New valves will help to prevent leaks and will allow better control over the distribution of water. Customer water meters are also being replaced with meters that can be read from the outside of your home or business. Once this is completed, you won't need to be present for our meter reader, and you will no longer receive estimated water bills. Expect to see vehicles displaying the PVWC logo in your area.

ALL VISITS TO AREA HOMES BY PVWC PERSONNEL ARE BY PREARRANGED APPOINTMENT. BE SURE TO ASK FOR IDENTIFICATION BEFORE ADMITTING ANYONE INTO YOUR HOME. ALL PVWC EMPLOYEES CARRY PHOTO IDENTIFICATION FOR EASY RECOGNITION.

Security. In light of the terrorist attacks of September 11, 2001, and in response to the State's Domestic Security Preparedness Act, PVWC has completed a vulnerability assessment, strengthened existing security measures, and reviewed operations to include a greater emphasis on security issues. We maintain close contact with local, state and federal authorities to coordinate security measures and to assist in the protection of the water/supply.

Safe Drinking Water Act regulations allow monitoring waivers to reduce or eliminate the monitoring requirements for asbestos, volatile organic chemicals and synthetic organic chemicals (SOCs). Passaic Valley Water Commission (PWWC) received a monitoring waiver for SOCs, based on the fact that SOCs were not detected in source water monitoring. PWWC sampled for, but did not detect, asbestos in drinking water samples collected in 2002. PVWC exceeded federal regulatory requirements for trihalomethanes in drinking water during the first quarter of 2003. PVWC exceeded the state upper recommended limit for sodium (see details in table). Regulated substances not listed in the following tables were not detected in the treated water supply during the year 2003. The presence of the following analytes in the water does not necessarily indicate that the water poses a health risk.

SOME PEOPLE MAY BE MORE VULNERABLE TO CONTAMINANTS IN DRINKING WATER THAN THE GENERAL POPULATION. IMMUNO-COMPROMISED PERSONS SUCH AS PERSONS WITH CANCER UNDERGOING CHEMOTHERAPY, PERSONS WHO HAVE UNDERGONE ORGAN TRANSPLANTS, PEOPLE WITH HIV/AIDS OR OTHER IMMUNE SYSTEM DISORDERS, SOME ELDERLY, AND INFANTS CAN BE PARTICULARLY AT RISK FROM INFECTIONS, THESE PEOPLE SHOULD SEEK ADVICE ABOUT DRINKING WATER FROM THEIR HEALTH CARE PROVIDERS. EPA/CDC GUIDELINES ON APPROPRIATE MEANS TO LESSEN THE RISK OF INFECTION BY

CRYPTOSPORIDIUM AND OTHER MICROBIAL CONTAMINANTS ARE AVAILABLE FROM THE SAFE DRINKING WATER HOTLINE (1-800-426-4791).

Detected Regulated	MCLG	MCL	Hig	hest Result		Range	Typical Source	Comments
Contaminants	MULG	MUL	PVWC	NJDWSC	*Newark	77.7	7,	
4.14%	^	TT (1 NTU)	0.33 NTU			NA .		
rbidity	٠.		U.33 N1U	0.31 1410	0.33 1410	NA	Soil runoff	Turbidity is a measure of the cloudiness of water. Turbidity is monitored because it is
		TT (percentage of samples <0.3	00.2%	95%	95%	NA		good indicator of the effectiveness of a filtration system.
		NTU)	55.2 N	P0.2	1007	· · · · · · · · · · · · · · · · · · ·		
tal Coliform Bacteria		11107						
positive samples)		Presence of					Naturally present in the environment	Coliforms are bacteria which are naturally present in the environment and are used as
IFTON, PASSAIC,	0	coliform	0.91%	NA	NA	NA }		indicator that other, potentially harmful, bacteria may be present.
ATERSON AND		bacteria in ≥5%				***		
ROSPECT PARK:		of monthly						7 °
4		samples				₹ .		
ODI:			4.76%	NA	NA	NA .		
ntimony	6 ppb	6 ppb	ND .	3.2 ppb	ND	ND - 3.2 ppb	Discharge from petroleum refineries, fire	
				15.			retardants; ceramics; electronics; solder	
arium	2 ppm	2 ppm	0.020 ppm	0.008 ppm		0.0007 – 0.020 ppm	Erosion of natural deposits	
hromium	100 ppb	100 ppb	ND	ND	0.7 ppb	ND – 0.7 ppb	Erosion of natural deposits	
uoride	4 ppm	4 ppm	ND	0.111 ppm		ND – 0.111 ppm	Erosion of natural deposits	Fluoride is not added to your drinking water.
aloacetic Acids (HAA5)	NA :	60 ppb	45.3 ppb (highest	NA.	NA	14.5- 46.6 ppb	By-product of drinking water disinfection	HAA compliance is based on running annual average.
			running avg.)	L	` `		<del></del>	
Mercury	2 ppb	2 ppb	ND	0.35 ppb	ND	ND - 0.35 ppb	Erosion of natural deposits; discharge	
A A		1			1		from refineries & factories; runoff from	
							landfills; runoff from cropland	<del>                                     </del>
litrate	10 ppm	10 ppm	1 – 4 ppm	0.26 ppm	0.104 ppm	0.104 – 4 ppm	Runoff from fertilizer use, Leaching from	
		1	(Highest running			<b>.</b>	septic tanks, sewage; Erosion of natural deposits	
<u> </u>			avg. = 2 ppm)	· · ·			deposits	Lead and copper compliance is based on the 90th percentile result
LIFTON, PASSAIC,				Į.				INFANTS AND YOUNG CHILDREN ARE TYPICALLY MORE VULNERABLE TO LE
ATERSON AND		[		ľ				IN DRINKING WATER THAN THE GENERAL POPULATION. INFANTS AND
ROSPECT PARK:	l	l			NA	90th percentile result = 0.071ppm		CHILDREN WHO DRINK WATER CONTAINING LEAD IN EXCESS OF THE ACTIO
opper	1.3 ppm	AL = 1.3 ppm	NA	NA ·	NA	0 of 103 samples exceeded the action level for		LEVEL COULD EXPERIENCE DELAYS IN THEIR PHYSICAL OR MENTAL
						copper. (September 2003)		DEVELOPMENT, CHILDREN COULD SHOW SLIGHT DEFICITS IN ATTENTION S
	•	ļ. '		1		copper. (September 2005)	Corresion of household plumbing	AND LEARNING ABILITIES. ADULTS WHO DRINK WATER OVER MANY YEARS
		AL = 15 ppb	NA .	NA	NA.	90th percentile result = 10 ppb.	systems	THAT CONTAINS AN UNACCEPTABLE LEVEL OF LEAD COULD DEVELOP KID
.ead	ľ	AL = 15 ppb	NA .	INA .	100	8 of 103 samples exceeded the action level for		PROBLEMS OR HIGH BLOOD PRESSURE.
						lead. (September 2003)	WATER SUPPLIED BY PVWC TO	
		1		İ		lead. (Osptember 2000)	HOMES AND BUSINESSES IN	IT IS POSSIBLE THAT LEAD LEVELS AT YOUR HOME MAY BE HIGHER THAN A
ODI:					1.	1	CLIFTON, PASSAIC, PATERSON,	OTHER HOMES IN YOUR COMMUNITY AS A RESULT OF MATERIALS USED IN
Copper	1 3 000	AL = 1.3 ppm	NA	NA.	NA	90th percentile result = 0.063 ppm	PROSPECT PARK AND LODI DOES	YOUR HOME'S PLUMBING, IF YOU ARE CONCERNED ABOUT ELEVATED LEAS
vohbei	I S PPIII	7.0 00		I ".	ſ " `	0 of 32 samples exceeded the action level for	NOT CONTAIN ANY DETECTABLE	LEVELS IN YOUR HOME'S WATER, YOU MAY WISH TO HAVE YOUR WATER
	] • •			1	1	copper.	LEAD.	TESTED AND FLUSH YOUR TAP FOR 30 SECONDS TO 2 MINUTES BEFORE US
	ľ		1		1	i.		TAP WATER. ADDITIONAL INFORMATION IS AVAILABLE FROM THE SAFE
Lead	0 .	AL = 15 ppb	NA	NA:	NA	l l		DRINKING WATER HOTLINE (800) 426-4791.
Load	Γ		177		i	90th percentile result = 3 ppb		
			Ì	1		2 of 32 samples exceeded the action level for lea		
Methyl tertiary butyl	70 ppb	70 ppb	0.55 ppb	ND	ND	ND - 0.55 ppb	Leaking underground gasoline & fuel oil	
ther (MTBE)	1	1 ''			l .		tanks; gasoline & fuel oil spills	
otal Trihalomethanes	NA	80 ppb	100 ppb (highest	NA	NA	26.7 - 68.4 ppb	By-product of drinking water disinfection	TTHM compliance is based on running annual average. Passaic Valley Water
TTHM)		1	running avg.)	1		1		Commission exceeded the MCL for TTHMs for the 1st quarter of 2003, Some per
		l .						who drink water containing trihalomethanes in excess of the MCL over many ye
The second second		1						may have problems with their liver, kidneys, or central nervous systems, and m
	1	1	<u> </u>	<u> </u>	1		1	have an increased risk of getting cancer.
			Hi	ghest Result				_
Regulated disinfectants	MRDL	MRDLG	PVWC	NJDWSC	*Newark	Range	Likely source	Comments
Chlorine	4.0 ppm	4 ppm	0.99 ppm	NA	NA	0.74 – 1.00 ppm	Chlorine is used as a drinking water	
J. 11. J. 11. R.	as Cl ₂	[ PP"	(running evg.)	["	I	1	disinfectant	
- PS-	FEG 012		,,	•				
Detected Secondary			H	ghest Result				
enalytes	MCLG	RUL				Range	Likely source	Commente
Shark tog		:: ::::::::::::::::::::::::::::::::::::	PVWC	NJDWSC	*Newark			
Sulfate 8.	NA	260 ppm	25.1 ppm	12.1 ppm	12 ppm	12 – 25.1 ppm	Naturally present in the environment	Regulated for reason of sesthetic quality only.
Sodium	NA	50 ppm	57 ppm	<50 ppm	16 ppm	INA 3	Natural mineral, road salt	Passaic Valley Water Commission exceeded the NJ Recommended Upper Limit for
Ģ.	1			1		Ingles in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s		sodium. Sodium is present in our source water at seasonally variable levels and cann
	1			1	1	1		removed by the water treatment process. For healthy individuals, sodium intake from
	1				(8)			is not important, because a much greater intake of sodium results from salt in the diet
	1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	4.5	I	<ul> <li>No. 10 (1) (1) (2)</li> </ul>	However sodium levels above 50 ppm may be of concern to individuals on a sodium
			The second second				5 19 4.5 L	restricted diet.

*PVWC maintains emergency interconnections with the Newark Water System and other water suppliers in order to avoid potential interruption of service to our customers. Parts of Clifton and Passaic received water from the Newark Supply for periods during 2009, to supplement

PVWC's regular supplies during Water Treatment Plant construction.

UNREGULATED CONTAMINANTS

•	HAITEGORY ED GOLD WIND	17111					
	Detected Unregulated Contaminants	MCLG	MCL	Highest Result	Highest Result NJDWSC	Range	Description
	Chloroform 3	NA	NA	48.5 ppb	NA	19.2 – 48.5 ppb	By-products of drinking water chlorination. These three compounds are
	Bromodichloromethane	' NA	NA	15.0 ppb	NA .	∘6.21 – 15.0 ppb	trihalomethanes and are regulated, along with Bromoform, as Total Trihalomethanes (see main table).
	Chlorodibromomethane	NA	NA	6.10 ppb	NA	1.03 - 6.10 ppb	Tillakinokales (see ilalii kabe).

ADDITIONAL UNREGULATED CONTAMINANTS - Testing for these substances was conducted in 1997-98 as part of the USEPA Information Collection Rule, the most extensive data collection effort ever undertaken by water utilities.

Contaminant	PVWC Average Level Detected	PVWC Range Detected	NJDWSC Average Level Detected	NJDWSC Range Detected	Likely Source
Trihalomethanes (TTHM 4)	61.8 ppb	41.0 – 77.2 ppb	39 ppb	29 – 48 ppb	By-product of drinking water disinfection
Total Haloacetic Acids (THAA)	51.2 ppb	36.9 – 67.7 ppb	29 ppb	23 – 36 ppb	By-product of drinking water disinfection
Total Haloacetic Nitriles (THAN)	.6.2 ppb	3.8 - 8.3 ppb	3 ppb	2 - 4 ppb	By-product of drinking water disinfection
Chloropicrin	1.1 ppb	ND - 1.8 ppb			By-product of drinking water disinfection
Chloral Hydrate	8.8 ppb	4.1 – 12 ppb	7 ppb	ND - 8 ppb	By-product of drinking water disinfection
Total Haloketones	5.2 ppb	4.2 - 6.2 ppb	2 ppb	1 - 4 ppb	By-product of drinking water disinfection
Total Organic Halides	388 ppb	240 – 450 ppb	196 ppb	167 – 226 ppb	By-product of drinking water disinfection
Disinfectant (free chlorine) Residual	1.2 ppm	0.6 - 1.8 ppm	NA :	NA	Added during treatment process to protect against microbial contamination

#### **DEFINITIONS**:

AL = Action level; the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

MCL = Maximum Contaminant Level; the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLG as feasible using the best available treatment technology.

MCLG = Maximum Contaminant Level Goal; the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

MRDL = Maximum Residual Disinfectant Level; the highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

MRDLG = Maximum Residual Disinfectant Level Goal; the level of a drinking water disinfectant below which there is no known or expected risk to health. (MRDLG's do not reflect the benefits of the use of disinfectants to control microbial contamination.)

NA = Not applicable

ND = Not detected

NTU = Nephelometric Turbidity Unit

pCi/L = picocuries per liter (a measure of radioactivity)

ppb = parts per billion

ppm = parts per million

RUL= Recommended Upper Limit; the highest level of a constituent of drinking water that is recommended in order to protect aesthetic quality 大山宮寺 白田丁 = Treatment Technique; a required process intended to reduce the level of a contaminant in drinking water.

#### Special Considerations Regarding Children, Pregnant Women, Nursing Mothers, and Others:

Children may receive a slightly higher amount of a contaminant present in the water than do adults, on a body weight basis, because they may drink a greater amount of water per pound of body weight than do adults. For this reason, reproductive or developmental effects are used for calculating a drinking water standard if these effects occur at lower levels than other health effects of concern. If there is insufficient toxicity information for a chemical (for example, lack of data on reproductive or developmental effects), an extra uncertainty factor may be incorporated into the calculation of the drinking water standard, thus making the standard more stringent, to account for additional uncertainties regarding these effects. In the cases of lead and nitrate, effects on infants and children are the health endpoints upon which the standards are based

The New Jersey Department of Environmental Protection (NJDEP) is preparing Source Water Assessment Reports and Summaries for all public water systems, which are expected to be complete in 2004. Further information on the Source Water Assessment Program can be obtained by logging onto NJDEP's source water assessment web site at <a href="https://www.state.nj.us/dep/swap">www.state.nj.us/dep/swap</a> or by contacting NJDEP's Bureau of Safe Drinking Water at (609) 292-5550.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (1-800-426-4791).

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

- Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- Inorganic contaminants, such as salts and metals which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- Organic chemical contaminants, including synthetic and volatile organic chemicals, which are byproducts of industrial processes and
  petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.
- Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

mentum <u>Callin PVWC: of the Customany questions, whether they relate to water pressure, water quality, and the Customer Service Department is such available Monday through Friday, 8:30 AM to 4:30 PM.</u>

Emergencies 24 hours a day 7 days a week Call 973-340-4300

#### Additional sources of information:

Visit us at www.pvwc.com

Teachers - For information on various water-related topics, free instructional materials, and directions to related water links, visit www.njawwa.org/kidsweb

USEPA drinking water web site: www.epa.gov/safewater

USEPA Safe Drinking Water Hotline: 1-800-426-4791

New Jersey Department of Environmental Protection, Bureau of Safe Drinking Water: 1-609-292-5550



Passaic Valley Water Commission 1525 Main Avenue • P.O. Box 230 Clifton, NJ 07011

STANDARD US POSTAGE PAID CLIFTON, NJ PERMIT NO. 50

This report contains information about your drinking water. If you do not understand it, please have someone translate it for you.

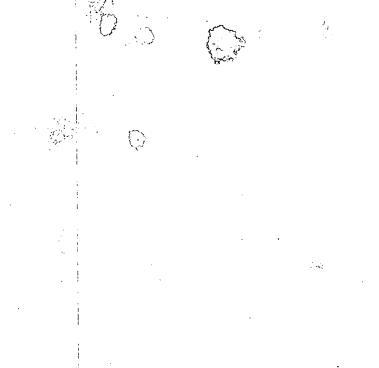
Este informe contiene informacion muy importante sobre su agua beber. Traduzcalo o hable con alquien que lo entienda bien.

द्या क्षिताल मां तमारा प्रतान पानि तिमे क्षित्र के मार्थ क्षाप्ता मां स्मादी हें क्षा क्षित्र मां तमारा प्रतान पानि तिमे

للعلومات في هذا التقرير تحتوى على معلومات مهمة عن مياة الشرب التي تشريها. من فضلك اذا لم تفهم هذة للعلومات اطلب من يترجمها لك.

# POSTAL CUSTOMER ECRWS

TUCLER MAX. COM



## LINE DISPLAY AUTOMATIC OPERATION MAIN MENU **OPERATOR** LOG IN 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 CHANGE RECIPE ANSWER ALARMS SHOW PROGAM STEP PRESENT LOG IN/OUT ORDER SHOW PROGRAM STEP TO BE EXECUTED 3B LOG IN CHEMICALS END OF MANUAL AUTO CYCLE LOG IN DOWN TIME CHANGE TIMERS

RECIPIE BEING RUN

SHOP ORDER BEING RUN

# LOG SHOP ORDER SCREEN

LOG IN

LOG OUT 100043

ENTER						
1 2 3						
4	5	6				
7	8	9				
0	7					

SHOP ORDER LOGGED IN

OR

**NUMBER NOT VALID TRY AGAIN** 

RETRY

SET PROCESS

# OPERATOR LOG IN/OUT SCREEN

LOG IN

LOG OUT 5194

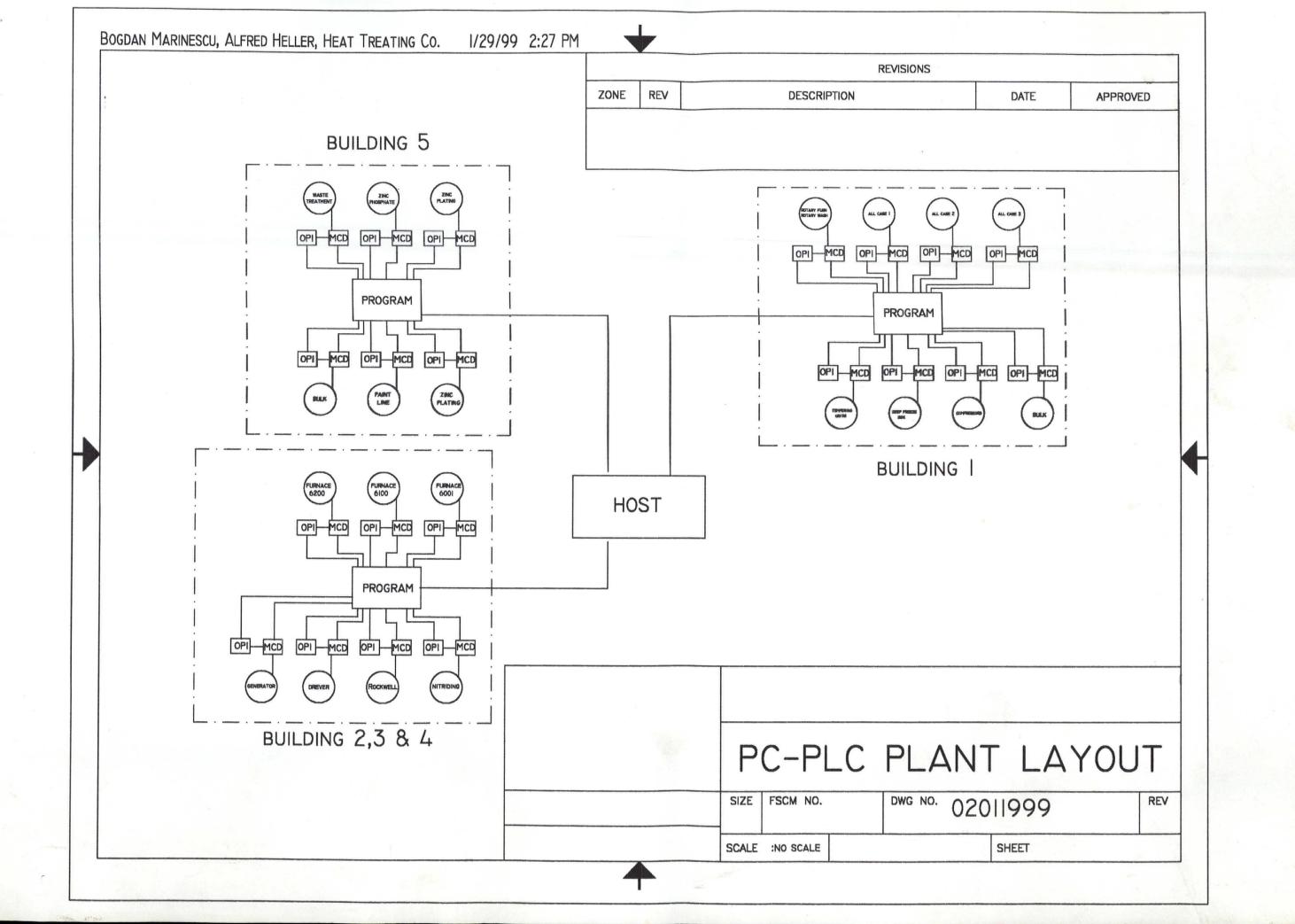
ENTER							
1 2 3							
4	5	6					
7	8	9					
0	4						

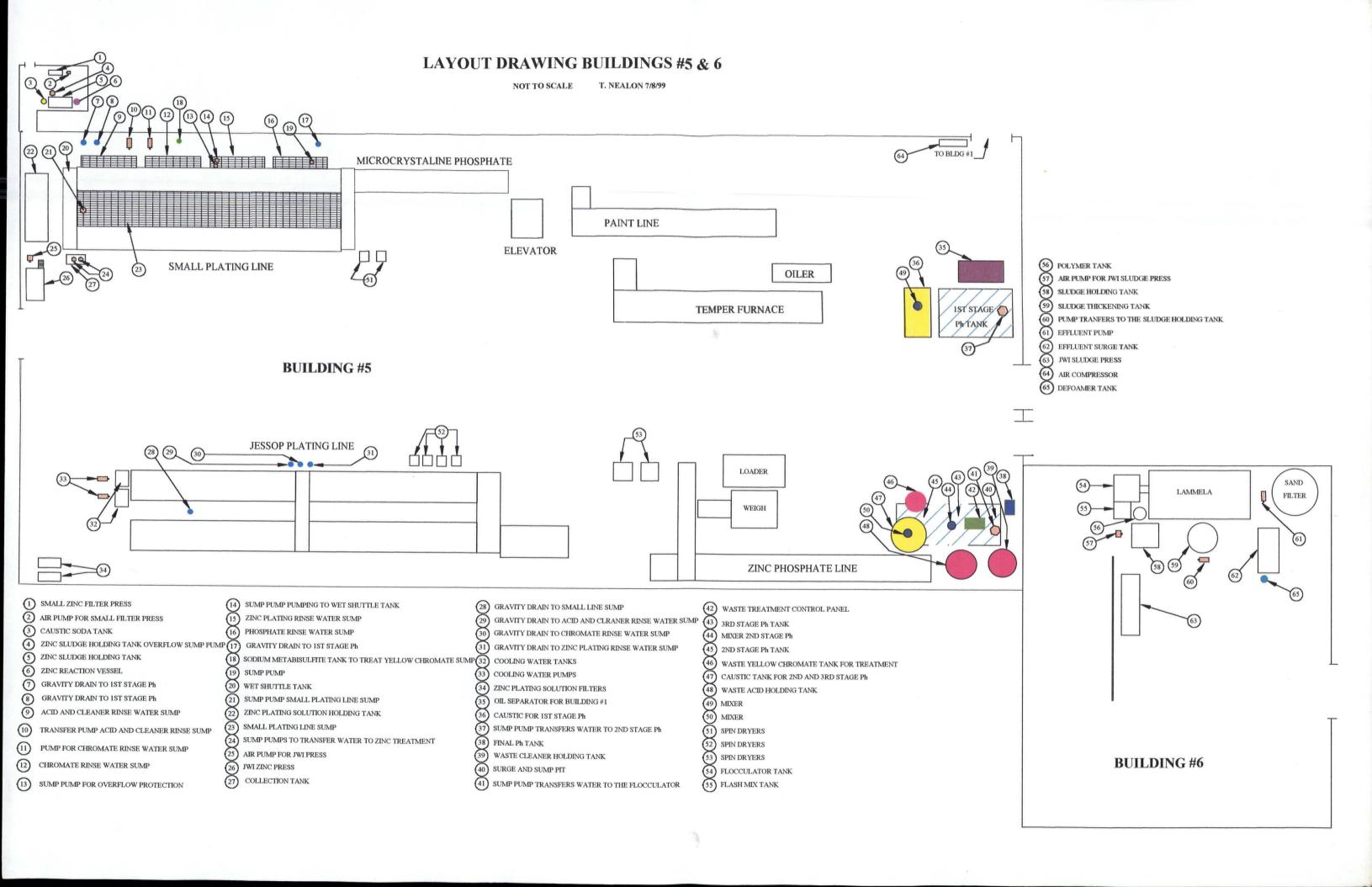
**OPERATOR LOGGED IN** 

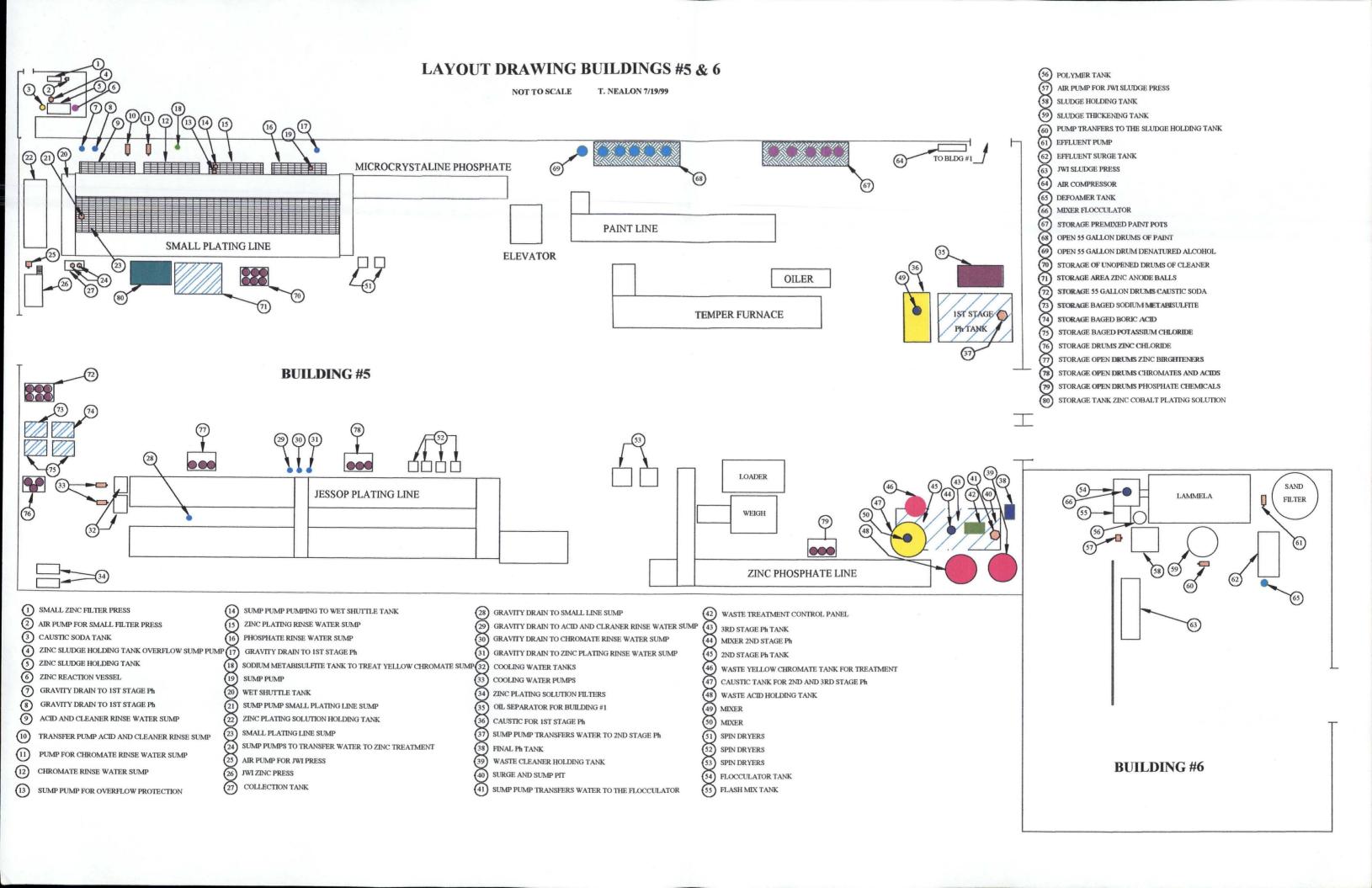
OR

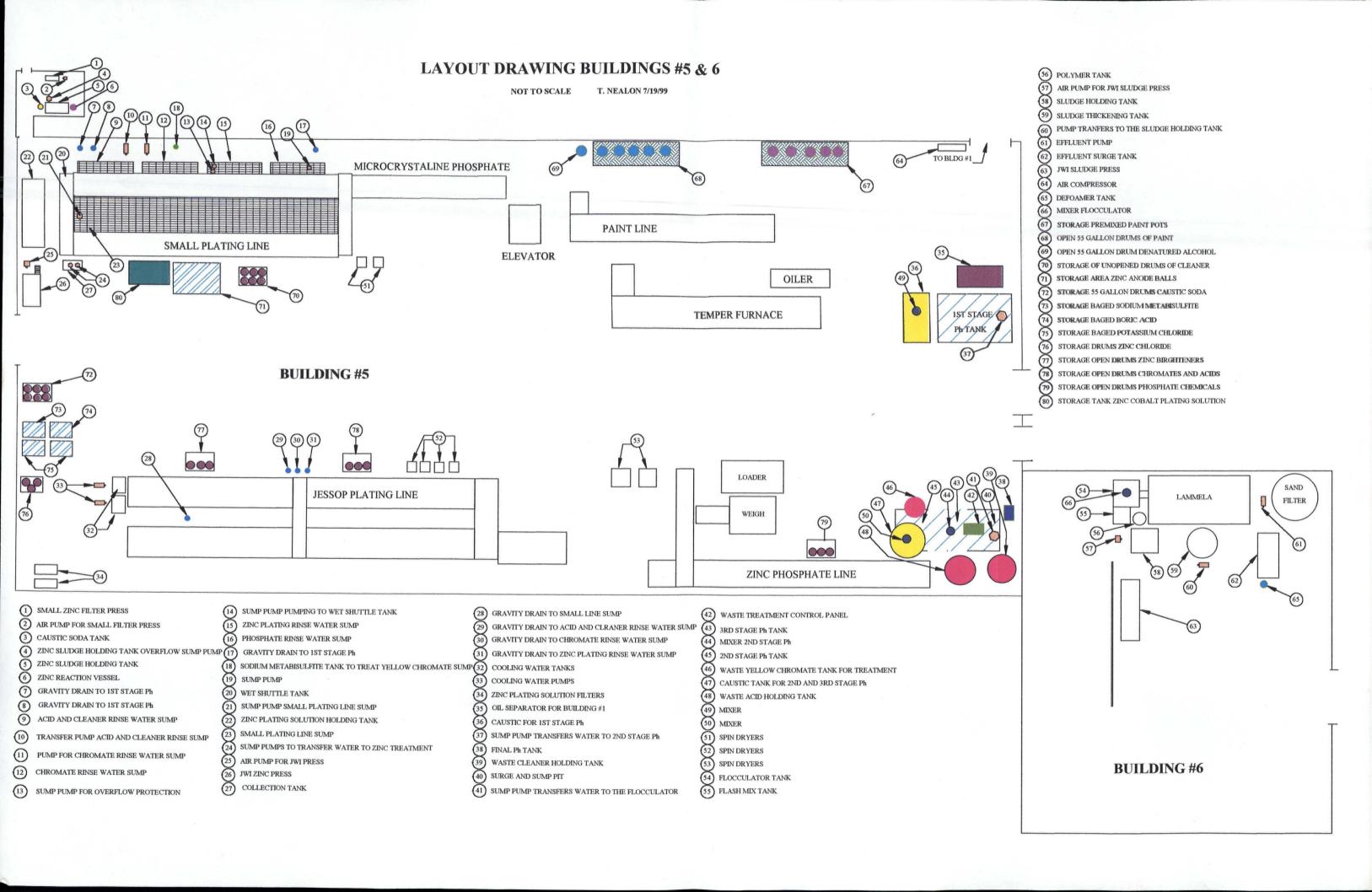
**NUMBER NOT VALID TRY AGAIN** 

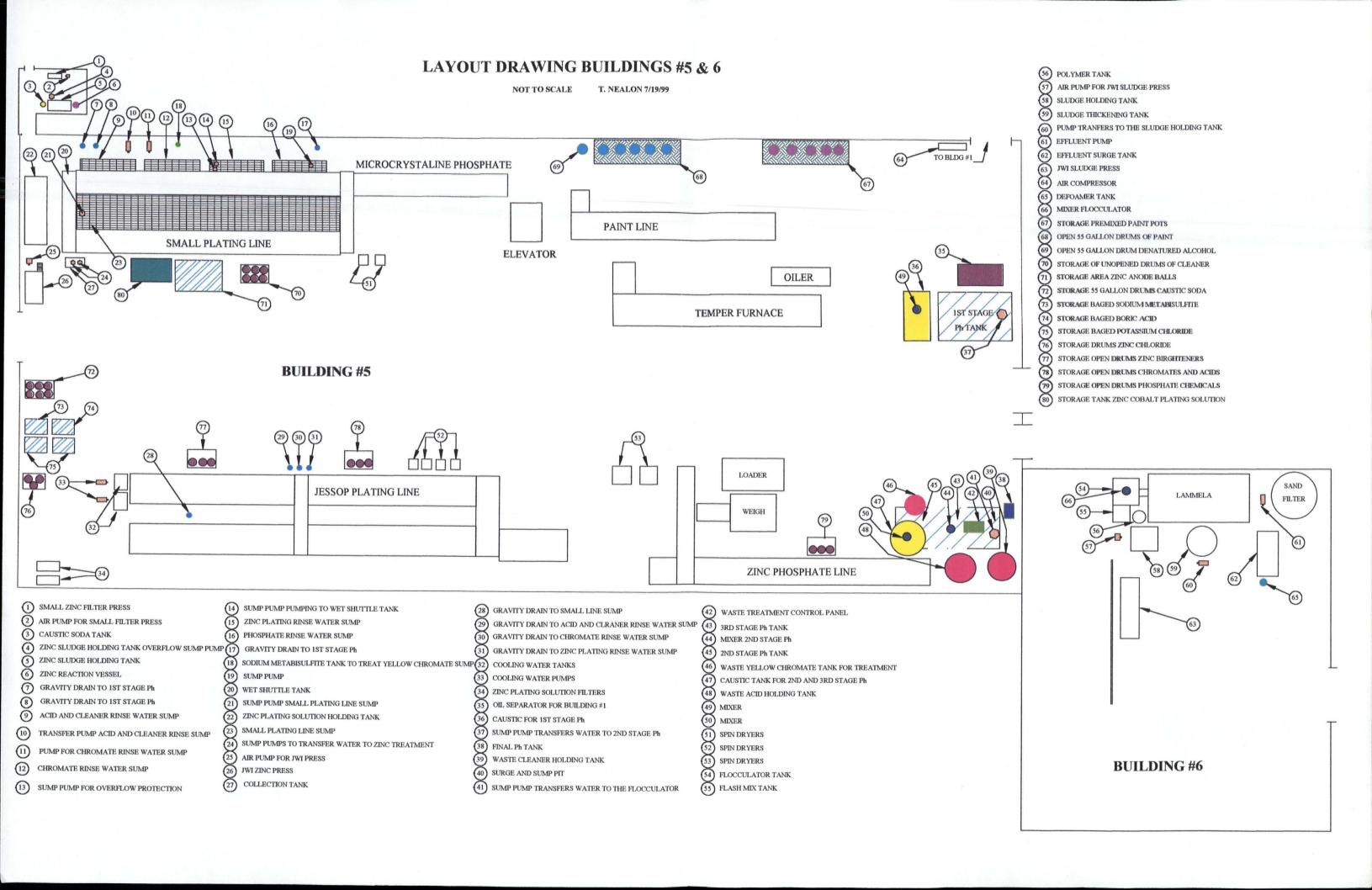


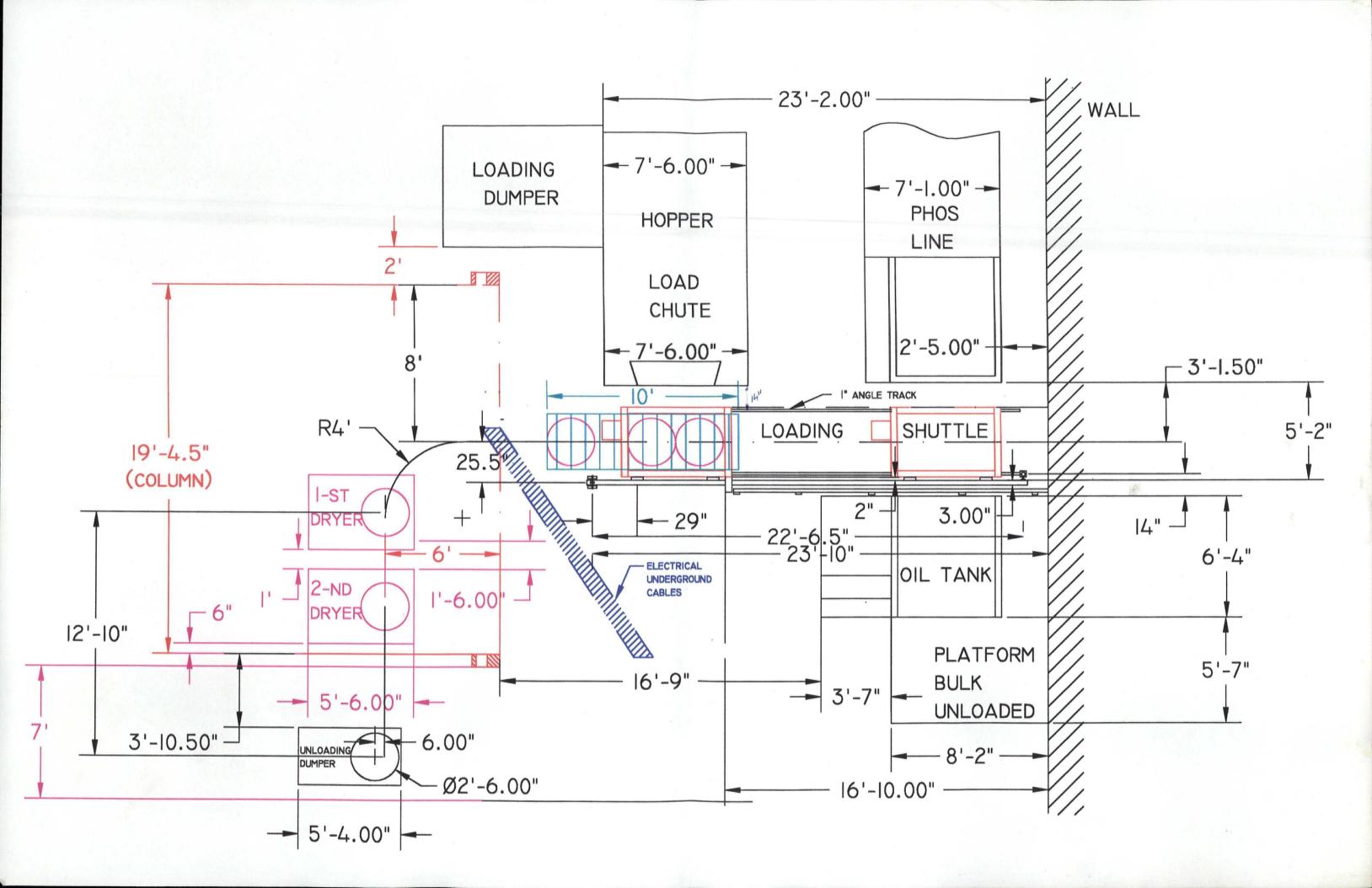














### State of New Iersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE Governor

Division of Water Supply - Water Supply Permitting Element Bureau of Water Systems and Well Permitting 401 E. State Street - P.O. Box 426 Trenton, New Jersey 08625-0426 Tel #: (609) 984-6831 - Fax #: (609) 633-1495

http://www.state.nj.us/dep/watersupply/

LISA P. JACKSON

Commissioner

### PERMIT* for 2007

The New Jersey Department of Environmental Protection grants this permit in accordance with your application, attachments accompanying same application and applicable law and regulations. This permit is also subject to further conditions and stipulations enumerated in the supporting documents which are agreed to by the permittee upon acceptance of the permit

Permit No. WPC070001	Issuance Date August 13th, 1971	Effective Date April 1, 2007	Expiration Date March 31, 2008	
Name and Address of Appl Alfred Heller Heat Treating C P.O. Box 330, 5 Wellington S Clifton, New Jersey 07014	ompany \$\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\firec{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac}{\fint}}}}}}{\frac{\frac{\frac{\firec{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\firigita}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fra	Location of Activity/Facility 5 Wellington Street Clifton City, Passaic County		
Physical Connection ID No 0495	T KEN	Type of Permit Renewed Physical Connection Permit	Statute(s) NJSA 58:11-9.1 et sec. & NJSA 58:12A-1 et seq.	

This permit grants permission to: Maintain, own and operate a Physical Connection between an approved Public Community Water System and an Unapproved Water Supply at the above named location, in consideration of the Renewal Permit Application received April 3rd, 2007

Number, Type and Size of Backflow Preventer Valves Permitted:

Subject Item No.	<u>No.</u>	<u>Size</u>	Manuf.	Model No.	Serial No.	<u>Type</u>	Comments
WSPC0000000075	1	2 inches	Watts	909	432159	Reduced Pressure Zone	
WSPC0000000075	2	2 inches	Watts	909-QT	38799	Reduced Pressure Zone	

Bypass and Detector Information: N/A

Owner of Approved Public Water System- Passaic Valley Water Commission {PWSID No. NJ1605002}

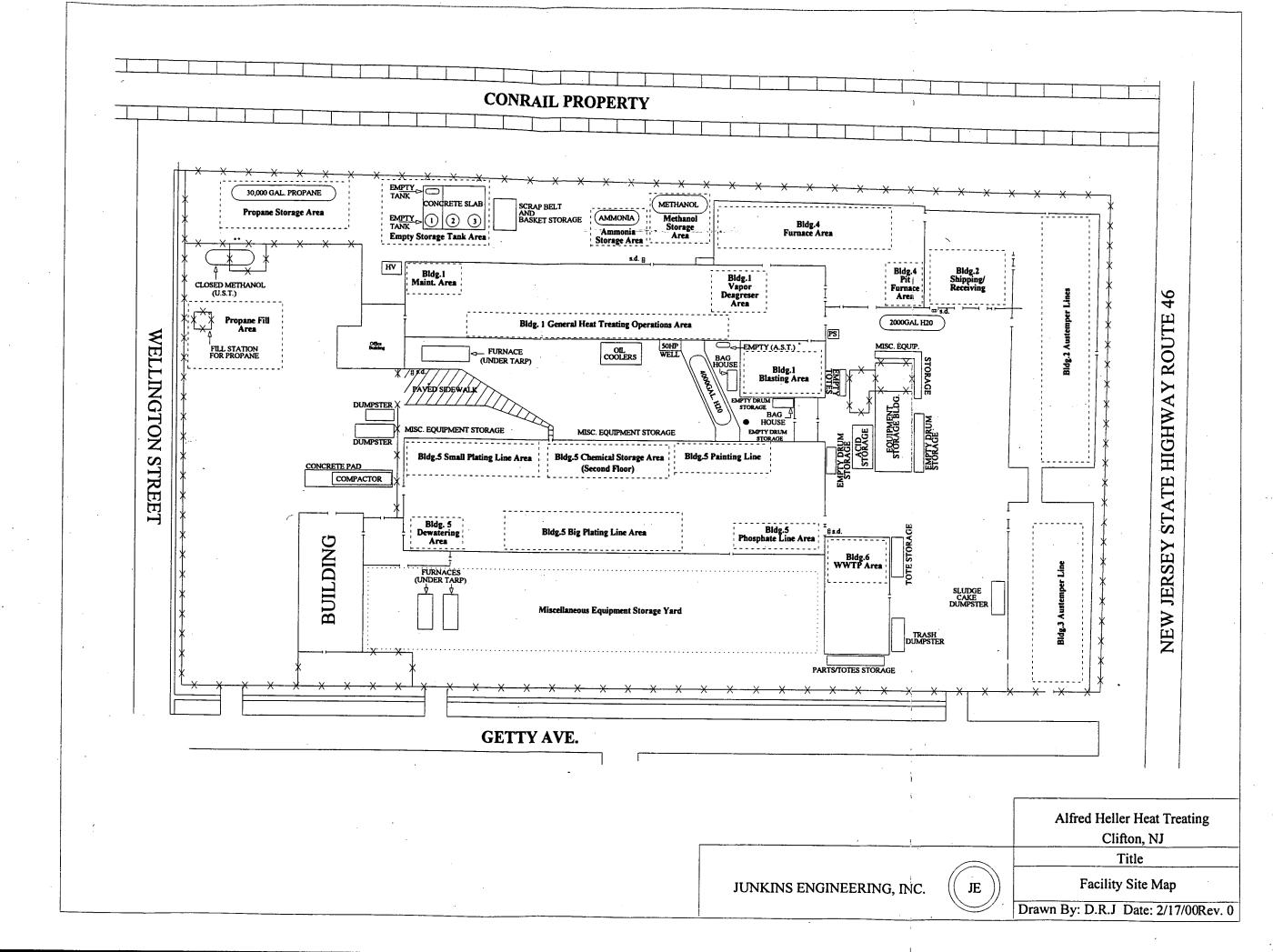
Local Administrative Authority- Clifton Board of Health

Source of Unapproved Water Supply- Industrial Well-

Approved by the Authority of: Michele Putnam, Director Division of Water Supply

* The word permit means approval, certification, registration etc.

Vincent Monaco, Bureau Chief



\$40.00 - 330 PM.

Patrick hepr 973 994 8812.